



2019

(Revised August 9, 2019)

Standards Manual of the South Dakota Board of Addiction and Prevention Professionals (BAPP)

The South Dakota Board of Addiction and Prevention Professionals (BAPP) operates within legislative guidelines of the State of South Dakota under the auspices of the South Dakota Department of Social Services.

The BAPP's purpose is to protect the public through the development and establishment of generally accepted standards of professionalism and competence to be used in the recognition, certification, and licensure of addiction and prevention professionals in South Dakota. The BAPP strives to use valid and reliable examinations in the certification and licensure process and to advance the profession through the promotion and offering of professional development opportunities, advocacy, and by providing a reciprocity process for addiction and prevention professionals in South Dakota.

Note: This Manual reflects changes made in Statutes (SDCL 36-34) and Administrative Rules (Article 20:80), effective October 9, 2013.

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CHAPTER 1 - THE BAPP BOARD

MISSION

The mission of the South Dakota Board of Addiction and Prevention Professionals (BAPP) is to provide a foundation for the continuing development of practitioners in the field as well as the credentialing of addiction and prevention professionals within generally accepted standards of professionalism and competence using valid and reliable examinations.

BOARD PROFESSIONAL RESPONSIBILITY

The South Dakota Board of Addiction and Prevention Professionals (BAPP) is a State Office that operates within legislative guidelines of the State of South Dakota under the auspices of the South Dakota Department of Social Services. The BAPP is the credentialing authority for addiction counselors and prevention specialists. No person may represent oneself as a licensed or certified addiction counselor, addiction counselor trainee, certified prevention specialist, prevention specialist trainee, or any other title that includes such words unless the person is certified or licensed under this Board. The BAPP's purpose is to protect the public through the development and establishment of generally accepted standards of professionalism and competence to be used in the recognition, certification, and licensure of addiction and prevention professionals in South Dakota. The BAPP strives to use valid and reliable examinations in the certification and licensure process and to advance the profession through the promotion and offering of professional development opportunities, advocacy, and by providing a reciprocity process for addiction and prevention professionals in South Dakota.

Powers

The BAPP Board of Directors is responsible for establishing policies and setting standards for the professional practice of addiction counseling and prevention services and other rules as necessary for the administration of the BAPP. The Board delegates the administration of policy related to the operation of the BAPP Administrative Office to the Administrative Officer. The Board retains responsibility for evaluating the effectiveness and execution of all Board standards and policies. The Board seeks input to interpret the needs of the public at large, the Addiction Counselor Trainees, the Certified Addiction Counselors, the Licensed Addiction Counselors, the Prevention Specialist Trainees, and the Certified Prevention Specialists.

Duties of the Board

The duties of the Board of Directors include, but are not limited to the following:

1. The Board shall promulgate rules that set standards for professional practice of addiction counseling and prevention services and other rules as necessary for the administration of the BAPP.
2. The Board shall be responsible for all disciplinary proceedings.
3. The Board shall establish education, training and competency, continuing education, and ethical standards governing the examination and practice of practitioners.
4. The Board shall examine, or cause to be examined, for competency, eligible applicants, for certification or licensure to practice addiction counseling and prevention services.
5. The Board shall issue certificates and licenses to those applicants who successfully complete the certification or licensing requirements and renew the certifications and licenses of those practitioners who continue to meet the standards.

6. The Board shall maintain a record of all practitioners which includes the practitioner's status, certificate or license number, date the certification or licensure was granted, renewal date, and any public record of discipline; and
7. The Board shall establish and collect fees for applications, recognition, certification, licensure, dual credentials, examinations, upgrades, reciprocity, continuing education, renewal, reinstatement, and all services authorized by the Board.

PERSONAL USE & ADDICTIVE BEHAVIOR

It is the expectation and position of the South Dakota Board of Addiction and Prevention Professionals that individuals working in the addiction counseling or prevention profession have a responsibility to themselves, their employer, their clientele, and the general public to provide a positive role model regarding their personal substance use. A professional will adhere to the agency's policies concerning substance use, professional behavior, and related issues of conduct and appropriate ethical standards.

The Board believes that all recognized, certified, or licensed professionals under the auspices of the Board "shall have a responsibility to model and promote a healthy lifestyle and well-being by low risk or no use of alcohol, tobacco and/or other mood-altering substances in addition to low risk use or no use or engagement in other addictive activities" (Professional Code of Ethical Conduct for Prevention Specialists). Further, all persons under Board cognizance have a responsibility to maintain sound mental health to prevent the impairment of professional judgment and performance.

NON-DISCRIMINATION STATEMENT

The BAPP recognizes that equal opportunity is fundamental to equality in all forms of human endeavor. Therefore, all administrative and staff policies and procedures under authority of the Board shall ensure that no person shall be excluded from participation in or be denied benefits of or be subjected to any discrimination under any program or process within the cognizance of the Board based on their status related to race, sex or gender identity, religion, color, creed, national origin, disability, age, ancestry, or sexual orientation or preference.

CONFIDENTIALITY OF BOARD RECORDS

Files containing applications, complaints, investigations, and appeals in possession of the Board, its committees, or its employees relating to recognition, certification, licensure, or disciplinary proceedings shall be privileged and confidential, excepting the Board's findings of fact and ultimate disposition regarding matters under investigation and resulting disciplinary actions. The status of recognition, certification, or licensure by the Board is not considered confidential.

FELONY STANDING

Any individual seeking trainee recognition, certification, licensure, renewal, status upgrade, or reciprocity must disclose to the Board whether they have been convicted of, pled guilty to, or plead no contest to any felony in any state, federal, foreign jurisdiction, tribal, or military court, and/or received a suspended imposition of sentence for a felony offense. Being convicted of, pleading guilty to, or pleading no contest, before a court in this state or any other state, or before any federal court for any offense punishable as a felony, or like sanction, may be grounds for denial, revocation, suspension, or refusal of trainee recognition, certification, licensure, renewal, status upgrade, or reciprocity.

If a felony conviction has occurred, at least five (5) years must pass between date of sentencing and date of application for trainee recognition, certification, licensure, renewal, status upgrade, or reciprocity. Also, all sentencing requirements must be completed or satisfied prior to the date of application. Persons with felony records will need to provide the BAPP with a copy of their court files and sign appropriate releases of information that will allow the Board to verify current status. Military Court Martial offenses shall be considered as felony offenses.

CHAPTER 2 – ACADEMIC & WORK EXPERIENCE REQUIREMENTS

RECOGNITION, CERTIFICATION, AND LICENSURE PROCESS

The process for obtaining recognition, certification, or licensure:

- Addiction Counselor Trainee or Prevention Specialist Trainee recognition is granted upon completion of the application and payment of the applicable fee. Recognition status may be granted for up to five years and is renewed annually during the Trainee's birth month following the issuance of the certificate. Recognition expires on the last day of the Trainee's birth month.
- Certified Addiction Counselor or Certified Prevention Specialist certification is granted upon completion of the application process and successfully passing the IC&RC Written Examination. Certification is renewed annually during the practitioner's birth month following issuance of the certificate. Certification expires on the last day of the practitioner's birth month.
- Licensed Addiction Counselor licensure is granted upon completion of the application process and successfully passing the IC&RC Written Examination. The license is renewed annually during the practitioner's birth month following issuance of the certificate. The license expires on the last day of the practitioner's birth month.

The process for obtaining approval of specialized education courses:

- All specialized education course work must be approved by the Board and must be completed at an accredited post-secondary institution.
- To request approval the applicant must submit a 'Course Review Form, transcripts, course syllabus, and the appropriate fee (\$25 for every three course reviews). The BAPP Portfolio Review Committee will review the information and determine approval or denial of the course work. (The form can be downloaded from the BAPP website.)
- The Board shall maintain and make available upon request the list(s) of approved specialized education courses from whichever college/university you are attending or plan to attend.

ADDICTION COUNSELOR TRAINEE (ACT)

Addiction Counselor Trainee recognition is available to persons with a minimum of a high school diploma or general education diploma (GED) who are working in the addictions field.

Applicants must have a current place of employment where it is possible to gain the necessary experience and supervision. The experience must be in direct service with clients who have a diagnosis of alcohol or other drug use. This experience must include both direct and indirect activities related specific to the alcohol and drug counselor domains to include the Twelve Core Functions. Formal education and unsupervised work experience after Trainee recognition is granted may not be substituted for the experience requirements. All experience must be documented and verifiable.

Work completed in agencies accredited or recognized through statute by the Division of Behavioral Health or under the control and auspices of an equivalent accrediting or sponsoring body is considered work experience meeting the requirements of the BAPP. Any applicant employed at an agency not meeting these requirements, is responsible for submitting documentation to the BAPP, providing proof that the agency is an acceptable work place; and, that they are not practicing independently. The burden of proof that an agency is an acceptable work place for meeting the work experience requirement, lies with the applicant.

To have Trainee recognition status, a person must be employed on either a paid or voluntary basis. Trainees are required to be supervised by a qualified Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) throughout their entire recognition period as a Trainee. **Supervision must include a**

minimum of eight (8) contact hours each month with a minimum of one (1) hour of supervision for every ten (10) hours of client contact. The supervisor shall determine and direct any need for supervision beyond the eight hours per month requirement. A Trainee may not be supervised by a relative.

Addiction Counselor Trainees must follow the Code of Ethics and Standards of Practice of the BAPP and identify himself/herself to the public as an Addiction Counselor Trainee.

Trainee recognition is granted for up to five (5) years. Before the Trainee recognition period ends, Trainees must complete all academic and work experience requirements for either Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) and successfully pass the IC&RC Written Examination.

CERTIFIED ADDICTION COUNSELOR (CAC)

In order for an applicant to be accepted for testing by the BAPP in South Dakota, he/she must satisfy the residency/work requirement. This means the applicant must live and/or work at least fifty-one (51) percent of the time within the jurisdiction of the South Dakota BAPP.

Applicants for CAC must work directly with clients who have a diagnosis of alcohol or other drug use, on a voluntary or paid basis, in activities related specific to the alcohol and drug counselor domains to include the Twelve Core Functions and be supervised by a qualified Certified Addiction Counselor (CAC) or a Licensed Addiction Counselor (LAC).

The applicant for CAC must meet the following requirements:

Academic requirements:

- Have a minimum of a high school diploma or general education diploma (GED)
- Have a minimum of three (3) semester hours and a grade of “C” or higher in each of the following undergraduate or graduate level specialized education courses, for a total of 27 semester hours:
 - Introduction to the Study of Alcohol Use and Abuse (3 semester hours)
 - Introduction to the Study of Drug Use and Abuse (3 semester hours)
 - Alcohol and Drug Group Counseling (3 semester hours)
 - Ethics for the Alcohol and Drug Professional (3 semester hours)
 - Foundations of Individual Counseling (3 semester hours)
 - Alcohol and Drug Treatment Continuum (3 semester hours)
 - Counseling Families with Alcohol or Other Drug Issues (3 semester hours)
 - Diverse Populations (3 semester hours)
 - Alcohol and Drug Specific Elective (3 semester hours)

Qualifying Work Experience Requirement:

The qualifying work experience requirement must include supervised work experience specific to the alcohol and drug counselor domains. The total number of required work experience hours depends upon the educational level of the applicant, as follows:

- | | |
|--------------------------------------|-------------|
| - With High School Diploma (or GED): | 8,000 hours |
| - With Associate’s Degree: | 6,000 hours |
| - With Bachelor’s Degree: | 4,000 hours |
| - With Master’s Degree or above: | 2,000 hours |

The degree must be in a behavioral science field and from an accredited post-secondary institution.

Of the required work experience hours (above), applicants must provide detailed documentation for a minimum of 300 hours of supervised practical training experience in the Twelve Core Functions with a minimum of ten (10) hours in each core function. (See Appendix A and B for the ADC Domains and the Twelve Core Functions.)

Examination: Must complete all academic and work experience requirements for Certified Addiction Counselor (CAC), apply for certification, and successfully pass the IC&RC Written Examination.

LICENSED ADDICTION COUNSELOR (LAC)

In order for an applicant to be accepted for testing by the BAPP in South Dakota, he/she must satisfy the residency/work requirement. This means the applicant must live and/or work at least fifty-one (51) percent of the time within the jurisdiction of the South Dakota BAPP.

Applicants for LAC must work directly with clients who have a diagnosis of alcohol or other drug use, on a voluntary or paid basis, in activities related specific to the alcohol and drug counselor domains to include the Twelve Core Functions and be supervised by a qualified Certified Addiction Counselor (CAC) or a Licensed Addiction Counselor (LAC).

The applicant for LAC must meet the following requirements:

Academic Requirements:

- Have a minimum of a Master's Degree in a behavioral science field from an accredited post-secondary institution.
- Have a minimum of three (3) semester hours and a grade of "C" or higher in each of the following specialized education courses, with a minimum of five courses at the graduate level, for a total of 21 semester hours:
 - Addiction Counseling Theories and Techniques (3 semester hours)
 - Psychopharmacology or Psychopathology (3 semester hours)
 - Legal, Ethical and Professional Standards (3 semester hours)
 - Case Management and Assessment of Co-Occurring Disorders (3 semester hours)
 - Treatment Planning (3 semester hours)
 - Clinical Supervision (3 semester hours)
 - Multicultural Competency (3 semester hours)

Qualifying Work Experience Requirement:

The qualifying work experience requirement must include a minimum of 2,000 hours of supervised work experience specific to the alcohol and drug counselor domains. Of the 2,000 required hours, applicants must provide detailed documentation for a minimum of 300 hours of supervised practical training experience in the Twelve Core Functions with a minimum of ten (10) hours in each core function. (See Appendix A and B for the ADC Domains and the Twelve Core Functions.)

Examination: Must complete all academic and work experience requirements for Licensed Addiction Counselor (LAC), apply for licensure, and successfully pass the IC&RC Written Examination.

PREVENTION SPECIALIST TRAINEE (PST)

Prevention Specialist Trainee recognition is available to persons with a minimum of a Bachelor's degree from an accredited post-secondary institution who are working in the prevention field.

Applicants must have a current place of employment where it is possible to gain the necessary experience and supervision. The experience must be in activities related specific to the Prevention Specialist Domains. Formal education and unsupervised work experience after Trainee recognition is granted may not be substituted for the experience requirements. All experience must be documented and verifiable.

Work completed in agencies accredited or recognized through statute by the Division of Behavioral Health or under the control and auspices of an equivalent accrediting or sponsoring body is considered work experience meeting the requirements of the BAPP. Any applicant employed at an agency not meeting these requirements, is responsible for submitting documentation to the BAPP, providing proof that the agency is an acceptable work place; and, that they are not practicing independently. The burden of proof that an agency is an acceptable work place for meeting the work experience requirement, lies with the applicant.

To have Trainee recognition status, a person must be employed on either a paid or voluntary basis. Trainees are required to be supervised by a qualified Certified Prevention Specialist, unless due to unavailability, may be supervised by a Certified Addiction Counselor (CAC) or a Licensed Addiction Counselor (LAC) throughout their entire recognition period as a Trainee. **Supervision must include a minimum of eight (8) contact hours each month.** The supervisor shall determine and direct any need for supervision beyond the eight hours per month requirement. A Trainee may not be supervised by a relative.

Prevention Specialist Trainees must follow the Code of Ethics and Standards of Practice of the BAPP and the Professional Code of Ethical Conduct for Prevention Specialists and identify himself/herself to the public as a Prevention Specialist Trainee.

Trainee recognition is granted for up to five (5) years. Before the Trainee recognition period ends, Trainees must complete all academic and work experience requirements for Certified Prevention Specialist and successfully pass the IC&RC Written Examination.

CERTIFIED PREVENTION SPECIALIST (CPS)

In order for an applicant to be accepted for testing by the BAPP in South Dakota, he/she must satisfy the residency/work requirement. This means the applicant must live and/or work at least fifty-one (51) percent of the time within the jurisdiction of the South Dakota BAPP.

Applicants for CPS must work on a voluntary or paid basis in activities related specific to the Prevention Specialist Domains under supervision by a qualified Certified Prevention Specialist (CPS), unless due to unavailability, may be supervised by a qualified Certified Addiction Counselor (CAC) or a Licensed Addiction Counselor (LAC).

The applicant for CPS must meet the following requirements:

Academic Requirements:

- Have a minimum of a Bachelor's Degree from an accredited post-secondary institution.
- Have a minimum of three (3) semester hours and a grade of "C" or higher in each of the following undergraduate or graduate level specialized education courses, for a total of fifteen (15) semester hours:
 - Introduction to the Study of Alcohol Use and Abuse (3 semester hours)
 - Introduction to the Study of Drug Use and Abuse (3 semester hours)
 - Foundations of Alcohol and Other Drug Prevention (or workshop equivalent as approved by the Board*) (3 semester hours)
 - Theory and Practice of Alcohol and Drug Prevention (3 semester hours)
 - Ethics for the Alcohol and Drug Professional (3 semester hours)
(Must include six (6) contact hours of ethics specific to prevention)

*Intensive Education Workshop and/or Training that has been pre-approved by the BAPP may fulfill the requirement for the Foundations of Alcohol and Other Drug Prevention course at the discretion of the Board. A three (3) semester hour course is the equivalent of 45 contact hours. The workshop or training must be for three (3) semester hours and must appear on a transcript from an accredited post-secondary institution.

Qualifying Work Experience Requirement:

The qualifying work experience requirement must include a minimum of 2,000 hours of supervised work experience specific to the Prevention Specialist Domains. Of the required work experience hours, applicants must provide detailed documentation for a minimum of 750 hours of supervised practical training experience in the Prevention Specialist Domains with a minimum of fifty (50) hours in each domain. (See Appendix C for the Prevention Specialist Domains.)

Examination: Must complete all academic and work experience requirements for Certified Prevention Specialist (CPS), apply for certification, and successfully pass the IC&RC Written Examination.

INDEPENDENT PRACTICE

“Independent practice of addiction counseling” means a person who is a Licensed Addiction Counselor (LAC), as recognized by the South Dakota Board of Addiction and Prevention Professionals, who has established their own business entity and provides, for compensation, counseling-related services to an individual, group, organization, corporation, institution, or the general public.

In order for a practitioner to qualify as a private independent addiction counselor, the practitioner must meet the following requirements:

- Hold an active Licensed Addiction Counselor (LAC) credential with the Board.
- Have completed a minimum of two years full-time or 4,000 hours of qualifying supervised work experience in the field of addiction counseling. The work experience must be accrued after initial certification or licensure.

The requirements do not apply to people engaged in independent practice prior to April 1, 2014.

Trainees are not permitted to practice independently.

CHAPTER 3 - TRAINEE APPLICATION PROCESS

An application for Trainee recognition can be requested from the BAPP Administrative Office by submitting a request in writing and paying the application fee; or, by downloading the application from the BAPP website at no cost.

An application can be denied if the applicant fails to provide accurate and complete responses to the Board's questions and requests for information in the application process. Using copies of previously submitted application materials or forms is not acceptable.

The Board issues certificates annually that are intended for public display either in the Trainee's office or in a place designated by the agency.

ADDICTION COUNSELOR TRAINEE RECOGNITION APPLICATION

A completed application for Addiction Counselor Trainee (ACT) recognition must include the following:

- (1) Address / Employment information,
- (2) Education and Academic Data Form,
- (3) Verification of education to include transcripts from an accredited high school or post-secondary institution, or general education diploma (GED).
- (4) Supervisor's signed Clinical Supervisor Code of Ethics form,
- (5) Trainee's signed Authorization and Release of Information form that includes a statement of non-felony or completion of felony sentencing requirements,
- (6) Trainee's signed Professional Code of Ethics form, and
- (7) Payment of the required fee.

ACT Trainee recognition is granted for up to five (5) years. Trainees must be supervised by a qualified Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) throughout the entire recognition period. Before the Trainee recognition period ends, Trainees must complete all academic and work experience requirements for either Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) and successfully pass the IC&RC Written Examination.

PREVENTION SPECIALIST TRAINEE RECOGNITION APPLICATION

A completed application for Prevention Specialist Trainee (PST) recognition must include the following:

- (1) Address / Employment Information,
- (2) Education and Academic Data Form,
- (3) Verification of education to include transcripts from an accredited post-secondary institution showing evidence of a bachelor's degree,
- (4) Supervisor's signed Clinical Supervisor Code of Ethics form,
- (5) Trainee's signed Authorization and Release of Information form that includes a statement of non-felony or completion of felony sentencing requirements,
- (6) Trainee's signed Professional Code of Ethics form,
- (7) Trainee's signed Professional Code of Ethical Conduct for Prevention Specialists form, and
- (8) Payment of the required fee.

PST Trainee recognition is granted for up to five (5) years. Trainees must be supervised by a qualified Certified Prevention Specialist (CPS), unless due to unavailability, may be supervised by a Certified Addiction Counselor (CAC), or a Licensed Addiction Counselor (LAC) throughout the entire recognition period. Before the Trainee recognition period ends, Trainees must complete all academic and work experience requirements for Certified Prevention Specialist and successfully pass the IC&RC Written Examination.

CHAPTER 4 - SUPERVISION

SUPERVISION OF ADDICTION PROFESSIONALS

PROFESSIONAL RESPONSIBILITY

To qualify as a clinical supervisor the professional shall be a Certified Addiction Counselor (CAC) or a Licensed Addiction Counselor (LAC), in good standing, on active or retirement status, as defined and set forth in this Standards Manual.

Clinical supervisors should be proficient and competent in the following skills and knowledge:

Administrative: The planning, organizing, coordinating, and delegation of tasks related to the organization's clinical functions. This includes selecting and assigning staff and treatment planning and case management.

Evaluative: The ability to assess the addiction professional's skills, experience with and knowledge of the addiction field, social and behavioral sciences, and 12 step philosophy; to clarify performance standards, negotiate objectives for learning, and utilize sanctions properly in order to determine the counselor's strengths and weaknesses.

Professional Development: Promote a career development process through the use of mutual planning and assessment, promotion of professional and personal growth and self-awareness.

The clinical supervisor's primary focus is skill development and teaching professionals and/or Trainees how to provide quality addiction services. The supervisor focuses on the practical issues of the client-counselor relationship, on how to identify and remediate transference and counter-transference issues, on inter- and intra-personal problems, on treatment, and other related areas germane to the employing agency and to the field.

Clinical supervisors should actively participate in professional organizations to model and encourage professional involvement. Clinical supervisors should promote, maintain, and safeguard the best interests of the client and the supervisee by adhering to established codes of ethics in order to encourage high standards of conduct. Clinical supervisors should pursue their own personal and professional educational opportunities and activities in order to further their own competence and effectiveness.

Clinical supervisors should strive to maintain or improve personal, physical, and mental health by participating in activities that promote professional effectiveness.

Clinical supervisors should be adept at recognizing the uniqueness of the individual addiction professional by gaining knowledge about personalities, cultures, life-styles, personal feelings, and other factors in order to influence the professional in the process of his/her development.

Clinical supervisors should subscribe and uphold the federal, state, local, and agency rules and regulations and other legal and liability guidelines regarding the addiction treatment field by following appropriate procedures in order to protect consumer's rights; recommending new policies and procedures when appropriate.

Clinical supervisors must comply with any applicable Board adopted code of ethics for the position being supervised and with the code of ethics pertaining to the supervisor's own position.

SUPERVISION RESPONSIBILITY

Clinical Supervision is defined as an aspect of staff development dealing with the clinical skills and

competencies of each staff member. **Supervision must include a minimum of eight (8) contact hours each month. A minimum of one hour of supervision for every ten hours of client contact is required.** The methods that may be used are intensive case review and discussion utilizing direct observation of a practitioner in action via videotape, direct live observation of sessions, co-counseling, process recordings, simulations, role playing; direct or indirect observation of clinical practice via case presentations, verbatim case reviews, quality care reviews, and other methods consistent with providing supervisory service. Supervision must be face-to-face whenever possible. Not more than fifty (50) percent of the required hours may be by email, internet, video-conferencing, audio-conferencing, or teleconferencing.

Clinical supervision is a unique and identifiable educational procedure that enables the addiction professional to integrate theoretical information, practiced skills and self-knowledge into a personalized, effective counseling style. Clinical supervision should not be confused with therapy, case management, and in-service training.

Clinical supervisors should be engaged in the practice of his/her profession that assures a high level of professional competency and should be qualified to supervise, which assumes the abilities to teach, communicate, and support those receiving supervision.

Clinical supervision responsibilities should be clearly defined by the agency so that the practitioner is not overwhelmed by excessive and vague tasks. This allows the practitioner and clinical supervisor to negotiate a “contract for learning within the practitioner’s duties that sets clear learning objectives and limits to the clinical supervision.” Clinical supervision requires that the roles of clinical supervisor and practitioner be appropriate to their professional identity. This means the clinical supervisor’s level of professional competency should be greater than that of the practitioner, giving him/her a role model and a level of competency for which to strive.

Clinical supervisors are required to review and guide the Trainee in the certification or licensure process. Clinical supervisors must also be cognizant of the certification/licensure standards to ensure proper supervision and guidance in the certification/licensure process. Supervisors shall engage in interactive supervision to the extent that at the time a Trainee applies for certification or licensure, the supervisor will have sufficiently addressed deficits (if present) so that a minimally acceptable level of performance in the alcohol and drug counselor domains and the Twelve Core Functions, is verified. If a Trainee has not attained a minimally acceptable level of performance in all domain and core function areas, the supervisor should not recommend certification or licensure. Failure of the Trainee to progress in a timely fashion may result in the inability to become certified or licensed at the end of the Trainee recognition period. Any mark below the minimally acceptable level on the ‘Supervisor Evaluation and Recommendation’ form in the application may result in a Trainee being denied the opportunity to take the IC&RC Written Examination.

Supervisors will be required to document completion of experience and supervision for those under his/her supervision. Clinical supervisors will be required to sign the ‘Supervised Practical Training Hours’ form for the 300 hours of supervised practical training, as well as submit a ‘Supervisor Evaluation and Recommendation’ form at the end of the Trainee’s recognition period. All experience must be documented and verifiable. After a Trainee achieves 300 hours of supervised practical training experience within the Twelve Core Functions, the requirement for ongoing supervision remains throughout the entire Trainee recognition period.

Clinical supervisors shall ensure that each supervisee is familiar with all applicable ethical standards adopted by the Board.

Trainees are required to be supervised by a CAC or LAC throughout the entire time period they have Trainee status. If a Trainee fails the IC&RC Written Examination, supervision must continue while the person remains in the Trainee recognition status.

Supervision must include a minimum of eight contact hours each month. A minimum of one hour of supervision for every ten hours of client contact is required. The supervisor shall determine and direct any need for further supervision beyond the eight hours per month requirement. Supervision must include a combination of the following although it is not restricted to just the following:

1. Case Staffing;

2. Individual Case Supervision;
3. General Clinical Supervision;
4. Consultation, to include other clinical professionals.

Formal education and unsupervised experience may NOT be substituted for the work experience requirements.

SUPERVISION OF PREVENTION PROFESSIONALS

PROFESSIONAL RESPONSIBILITY

To qualify as a supervisor the professional shall be a Certified Prevention Specialists (CPS), in good standing, on active or retirement status, as defined and set forth in this Standards Manual. If a CPS is unavailable, the supervisor may be a Certified Addiction Counselor (CAC) or a Licensed Addiction Counselor (LAC), in good standing, on active or retirement status, as defined and set forth in this Standards Manual.

Prevention supervisors should be proficient and competent in the following skills and knowledge:

Administrative: The planning, organizing, coordinating and delegation of tasks related to the organization's provision of prevention services.

Evaluative: The ability to assess the prevention professional's skills, experience with and knowledge of each of the six IC&RC Prevention Specialist Domains.

Professional Development: Promote a career development process through the use of mutual planning and assessment, promotion of professional and personal growth and self-awareness.

The supervisor's primary focus is skill development and teaching professionals and/or Trainees how to provide quality prevention services. The supervisor focuses on the issues including but not limited to implementation and utilization of needs assessments, community mobilization techniques, provision of educational services and alternative activities, policy development and other environmental strategies, the provision of technical assistance to individuals and communities and the evaluation of all such strategies.

Supervisors should actively participate in professional organizations to model and encourage professional involvement. Supervisors should promote, maintain, and safeguard the best interests of the target populations and the supervisee by adhering to established codes of ethics in order to encourage high standards of conduct. Supervisors should pursue their own personal and professional educational opportunities and activities in order to further their own competence and effectiveness.

Supervisors should strive to maintain or improve personal, physical, and mental health by participating in activities that promote professional effectiveness.

Supervisors should be adept at recognizing the uniqueness of the individual prevention professional by gaining knowledge about personalities, cultures, life-styles, personal feelings, and other factors in order to influence the professional in the process of his/her development.

Supervisors should subscribe and uphold the federal, state, local, and agency rules and regulations and other legal and liability guidelines regarding the prevention field by following appropriate procedures in order to protect consumer's rights; recommending new policies and procedures when appropriate.

Supervisors must comply with any applicable Board adopted code of ethics for the position being supervised and with the code of ethics pertaining to the supervisor's own position.

SUPERVISION RESPONSIBILITY

Supervision is defined as an aspect of staff development dealing with the development of the skills and competencies of each staff member. **Supervision must include a minimum of eight (8) contact hours each month.** Supervision must be face-to-face whenever possible. Not more than fifty (50) percent of the required hours may be by email, internet, video-conferencing, audio-conferencing, or teleconferencing.

Supervision is a unique and identifiable educational procedure that enables the prevention professional to integrate theoretical information, practiced skills and self-knowledge into a personalized, effective style.

Supervisors should be engaged in the practice of his/her profession that assures a high level of professional competency and should be qualified to supervise, which assumes the abilities to teach, communicate, and support those receiving supervision.

Supervision responsibilities should be clearly defined by the agency so that the practitioner is not overwhelmed by excessive and vague tasks. This allows the practitioner and the supervisor to negotiate a “contract for learning within the practitioner’s duties that sets clear learning objectives and limits to the supervision.” Supervision requires that the roles of supervisor and practitioner be appropriate to their professional identity. This means the supervisor’s level of professional competency should be greater than that of the practitioner, giving him/her a role model and a level of competency for which to strive.

Supervisors are required to review and guide the Prevention Specialist Trainee in the certification process. Supervisors must also be cognizant of the certification standards to ensure proper supervision and guidance in the certification process. Supervisors shall engage in interactive supervision to the extent that at the time a Prevention Specialist Trainee applies for certification the supervisor will have sufficiently addressed deficits (if present) so that a minimally acceptable level of performance in each of the Prevention Specialist Domain areas is verified. If a Trainee has not attained a minimally acceptable level of performance in all Prevention Specialist Domain areas, the supervisor should not recommend certification. Failure of the Trainee to progress in a timely fashion may result in the inability to become certified at the end of the Trainee recognition period. Any mark below a minimally acceptable level on the ‘Supervisor Evaluation and Recommendation’ form in the certification application may result in a Trainee being denied the opportunity to take the IC&RC Written Examination.

Supervisors will be required to document completion of experience and supervision for those under his/her supervision. Supervisors will be required to sign the ‘Supervised Practical Training Hours’ form for the 750 hours of supervised practical training, as well as submit a ‘Supervisor Evaluation and Recommendation’ form at the end of the Trainee’s recognition period. All experience must be documented and verifiable. After a Trainee achieves 750 hours of supervised practical training experience within the Prevention Specialist Domains, the requirement for ongoing supervision remains throughout the entire Trainee recognition period.

Supervisors shall ensure that each supervisee is familiar with all applicable ethical standards adopted by the Board.

Trainees are required to be supervised by a CPS, unless due to unavailability, they may be supervised by a CAC or LAC throughout the entire time period they have Trainee status. If a Trainee fails the IC&RC Written Examination, supervision must continue while the person remains in the Trainee recognition status.

Supervision must include a minimum of eight contact hours each month. The supervisor shall determine and direct any need for further supervision beyond the eight hours per month requirement.

Formal education and unsupervised experience may NOT be substituted for the work experience requirements.

CHAPTER 5 - CERTIFICATION OR LICENSURE APPLICATION PROCESS

Certification is granted for Addiction Counselors and Prevention Specialist; and, licensure is granted for Addiction Counselors. Certification or licensure is granted on a date following the completion of the application process and successfully passing the IC&RC Written Examination. Certification or licensure is then renewed annually in the practitioner's birth month.

An application can be denied if the applicant fails to provide accurate and complete responses to the Board's questions and requests for information in the application process.

The Board issues both certificates and identification cards. **Certificates issued by the Board are intended for public display either in the professional's office or in a place designated by the agency. Certificates are issued upon initial certification or licensure. Identification cards are issued annually.**

CERTIFICATION OR LICENSURE APPLICATION

Applicants can apply for certification or licensure when all the academic and work experience requirements are completed. An application packet can be requested from the BAPP Administrative Office by submitting a request in writing and paying the application fee; or, by downloading the application from the BAPP website at no cost. Applications can be submitted at any time throughout the year and are accepted on an ongoing basis for the two testing cycles approved by the Board. **Applications must be received prior to the application deadline of January 1 for inclusion in the March testing cycle; or, July 1 for inclusion in the September testing cycle.**

The entire application must be completed and submitted by the deadline (January 1 or July 1). In order to insure all information is received by the application deadline, the BAPP recommends applicants begin the application process eight weeks prior to the deadline. An applicant will not be approved to take the IC&RC Written Examination if an incomplete application portfolio is on file. An application must be complete before final processing. Failure to submit all application materials by the deadline will result in denial of the application for that testing cycle. (The Board retains partial applications for a maximum of two years.) The application for Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) must include the following:

- (1) Address / Employment Information,
- (2) Educational and Academic Data Form,
- (3) Official transcripts from all postsecondary institutions attended. (Transcripts need to be received directly from the college/university; student issued, faxed, or emailed transcripts are not accepted.)
- (4) Signed Authorization and Release of Information form that includes a statement of non-felony or completion of felony sentencing requirements,
- (5) Signed Professional Code of Ethics form,
- (6) Three professional recommendations,
- (7) Supervisor's Evaluation and Recommendation form with indication that applicant meets competencies in the functions specific to the alcohol and drug counselor domains to include the Twelve Core Functions,
- (8) Work History Documentation and Work Experience Verification forms,
- (9) Written job description for the current position held,
- (10) Documentation of three hundred (300) hours of supervised practical training in the Twelve Core Functions, with a minimum of ten (10) hours in each core function, and
- (11) Payment of the required fee.

The application for Certified Prevention Specialist (CPS) must include the following:

- (1) Address / Employment Information,
- (2) Educational and Academic Data Form,
- (3) Official transcripts from all postsecondary institutions attended. (Transcripts need to be received directly from the college/university; student issued, faxed, or emailed transcripts are not accepted.)

- (4) Signed Authorization and Release of Information form that includes a statement of non-felony or completion of felony sentencing requirements,
- (5) Signed Professional Code of Ethics form,
- (6) Signed Professional Code of Ethical Conduct for Prevention Specialists form,
- (7) Three professional recommendations,
- (8) Supervisor's Evaluation and Recommendation form with indication that applicant meets competencies specific to the Prevention Specialist Domains,
- (9) Work History Documentation and Work Experience Verification forms,
- (10) Written job description for the current position held,
- (11) Documentation of seven hundred fifty (750) hours of supervised practical training in the Prevention Specialist Domains with a minimum of fifty (50) hours in each domain, and,
- (12) Payment of the required fee.

WRITTEN EXAMINATION PROCESS

Upon receipt of the application for certification or licensure and payment of the fee, the BAPP administrative staff will send a checklist to the applicant indicating any items missing within the applicant's portfolio or any deficient items that have not met the standards. Using copies of previously submitted application materials or forms is not acceptable. The burden of proof for all requirements rests with the applicant. The Board and/or administrative staff are not responsible for gathering information to determine the qualifications or appropriateness of any applicant.

The Board reviews completed application portfolios for approval or denial. At the time of review Board action can be taken to either deny the application or approve the application and accept the candidate for testing. The Board will take into consideration the recommendation provided by the applicant's supervisor when making its decision for approval or denial. Failure to submit all application materials by the deadline will result in denial of the application.

Applicants will be notified in writing of the approval or denial of their application within 30 days of the review.

Applicants approved for testing will be pre-registered for testing by the BAPP administrative staff. The BAPP utilizes Computer Based Testing (CBT). Once pre-registered for the examination, applicants will have the opportunity to schedule their own test site, date, and time for the examination, within the scheduled two-week testing period.

Registration is done on-line by the applicant. When successfully registered for the exam, the testing company will issue an 'Admission Letter'. This letter will give the applicant all the necessary information needed for the day of the testing.

Note: Applicants requesting special accommodations should coordinate with the BAPP Administrative Office. Special accommodation requests need to be submitted 60 days prior to the examination date. Requests need to be accompanied by a health-care provider's documentation of the condition requiring accommodations, which accommodations are recommended, and the applicant's request for the accommodation. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

On testing day, the applicant must present the 'ADMISSION LETTER' and a 'VALID PHOTO ID WITH SIGNATURE' in order to be admitted to the examination. Failure to do so will result in not being allowed to test and any fees paid will be forfeited. Applicants are required to arrive on time for the examination. Applicants who arrive late will not be permitted to test.

After completion of the exam, applicants will receive preliminary scores. These are not official scores. The official scores will be sent to the applicant from the BAPP Administrative Office within thirty (30) days of the Board's receipt of the test results. Policy prohibits providing examination results over the telephone. The passing score for each testing cycle is determined by IC&RC.

RETESTING

An applicant who fails the IC&RC Written Examination may retest during the next immediate testing cycle. Applicants are required to submit a letter of intent to retest and pay the re-testing fee. The letter and fee must be received by January 1 or July 1 prior to the next testing cycle in order to test in that cycle. The applicant may retest two times and only during the next two consecutive testing cycles.

An applicant who has not successfully passed the examination within three consecutive testing cycles will be required to complete all requirements under the **current** provisions for either certification or licensure; complete fifteen (15) hours of continuing professional training, focusing on the area(s) he/she received the lowest performance/score(s) on the written examination; complete an application for certification or licensure; pay the required fees; and, successfully complete the examination process.

STATUS UPGRADE

A Certified Addiction Counselor (CAC), in active and good standing, who wishes to upgrade to a Licensed Addiction Counselor (LAC) will need to complete the academic and work experience requirements for LAC.

Upon completion of the academic and work experience requirements for LAC, the Certified Addiction Counselor may apply for an upgrade in status by submitting an 'Application for Upgrade'; documenting the supervised work experience requirements; submitting official transcripts documenting the completion of the course requirements for the upgrade; and, paying the required application fee.

An upgrade application packet can be requested from the BAPP Administrative Office by submitting a request in writing and paying the application fee; or, by downloading the application from the BAPP website at no cost.

An application can be denied if the applicant fails to provide accurate and complete responses to the Board's questions and requests for information in the application process.

A completed application for status upgrade must include the following:

- (1) Address / Employment Information,
- (2) Educational and Academic Data Form,
- (3) Signed Professional Code of Ethics form,
- (4) Signed Authorization and Release of Information form that includes a statement of non-felony or completion of felony sentencing requirements,
- (5) Official transcripts for all post-secondary coursework,
- (6) Work History Documentation and Work Experience Verification forms,
- (7) Supervisor's Evaluation and Recommendation form,
- (8) Three professional recommendations,
- (9) Written job description for the current position held, and
- (10) Payment of the required fee.

Applicants are exempt from having to retake the IC&RC Written Examination if there is documentation of having successfully completed the written examination process.

CHAPTER 6 - RENEWAL PROCESS

An application for renewal can be downloaded from the BAPP website. A reminder notice and invoice are mailed from the BAPP Administrative Office in the month prior to the practitioner's renewal due date. It is the practitioner's responsibility to submit the application and fee prior to the expiration date, even if a reminder and invoice are not received. An application can be denied if the applicant fails to provide accurate and complete responses to the Board's questions and requests for information in the renewal application process.

TRAINEE RECOGNITION RENEWAL PROCESS

Trainee renewal is the process of applying for continuation of Trainee recognition. Recognition is renewed annually for up to five years. Trainee renewal requires timely submission of a renewal application, which must include the following:

- (1) Address / Employment information,
- (2) Supervisor's signed Clinical Supervisor Code of Ethics form,
- (3) Trainee's signed Authorization and Release of Information form that includes a statement of non-felony or completion of felony sentencing requirements,
- (4) Trainee's signed Professional Code(s) of Ethics form(s),
- (5) Trainee's signed Professional Code of Ethical Conduct for Prevention Specialists (for PST's only)
- (6) Completion of a Board survey, if required by the Board, and
- (7) Payment of required fee.

The application and fee for continued Trainee recognition must annually be completed and received in the Board office or postmarked by the last day of the Trainee's birth month.

CERTIFICATION OR LICENSURE RENEWAL PROCESS

Certification or licensure renewal is the ongoing process of applying for continuation of certification or licensure. A renewal fee must annually be received in the Board office or postmarked by the last day of the practitioner's birth month.

Continuing Professional Training is submitted every two (2) years and requires timely submission of a completed renewal application, which must include the following:

- (1) Address / Employment Information,
- (2) Signed Professional Code(s) of Ethics form(s),
- (3) Signed Authorization and Release of Information form that includes a statement of non-felony or completion of felony sentencing requirements,
- (4) Continuing Education/Training Report form,
- (5) If audited, documentation and proof of Continuing Professional Training,
- (6) Completion of a Board survey, if required by the Board, and
- (7) Payment of required fee.

The application, renewal fee, and proof of Continuing Professional Training (if audited) must be completed and received in the Board office or postmarked by the last day of the practitioner's birth month, every two (2) years in even-numbered years.

See Chapter 7 for completion and documentation of Continuing Professional Training hours.

FAILURE TO RENEW BY THE DEADLINE

Any practitioner who fails to complete the renewal requirements loses status and may not identify himself or herself to the public as an Addiction Counselor Trainee (ACT), Certified Addiction Counselor (CAC), Licensed Addiction Counselor (LAC), Prevention Specialist Trainee (PST), or Certified Prevention Specialist (CPS).

Reinstatement period for certified or licensed practitioners: Any certified or licensed practitioner who has allowed their status to lapse may have it restored within fifteen (15) days of the expiration date, providing they request reinstatement, submit all applicable forms and documentation, and pay the reinstatement fee and the renewal fee.

Any certified or licensed practitioner wanting to regain status after the fifteen (15) day reinstatement period will be required to complete all requirements under the **current** provisions for either certification or licensure; complete the application process for certification or licensure; pay the required fee; and, successfully pass the IC&RC Written Examination.

Reinstatement period for Trainee recognition: Any Trainee who has allowed their status to lapse may have it restored within fifteen (15) days of the expiration date, providing they request reinstatement, submit the renewal application and all applicable documentation, and pay the reinstatement fee and the renewal fee.

Any Trainee wanting to regain status after the fifteen (15) day reinstatement period (and within their 5-year trainee recognition period) must successfully complete three of the required courses for either certification or licensure before being allowed to reapply for Trainee recognition status.

CHAPTER 7 - CONTINUING PROFESSIONAL TRAINING

CONTINUING PROFESSIONAL TRAINING REQUIREMENTS

The Continuing Professional Training compliance period for a certified or licensed practitioner is for two years beginning with the practitioner's birth month following issuance of a certificate by the Board and ending on the last day of the month of the practitioner's birth. Hours earned during one compliance period may not be carried over to the next.

Certified or Licensed Practitioners: A practitioner renewing CAC, LAC, or CPS must obtain at least forty (40) contact hours of Board approved Continuing Professional Training. These hours must be submitted to the Board during the practitioner's birth month every two years in even-numbered years.

Dually Credentialed Practitioners (CAC & CPS or LAC & CPS): Dually credentialed practitioners must obtain sixty (60) hours of Board approved Continuing Professional Training. These hours must be submitted to the Board during the practitioner's birth month every two years in even-numbered years.

Retired Practitioners: A practitioner renewing 'retirement' status must complete half of the required Continuing Professional Training hours. These hours must be submitted to the Board during the practitioner's birth month every two years in even-numbered years.

Practitioners on 'inactive' status are not required to complete Continuing Professional Training hours while on inactive status. A practitioner who is reinstating from inactive status to active status must obtain the number of hours related to the time frame the certification/license was placed on inactive status up to a maximum of 40 hours if singly credentialed, or 60 hours if dually-credentialed.

Trainees are not required to complete Continuing Professional Training hours.

Practitioners are responsible for maintaining acceptable documentation of attendance and completion of their training activities. Documentation must be signed by a representative of the institution or organization sponsoring the training activity. The burden of proof lies with the practitioner. The Board office does not maintain a practitioner's Continuing Professional Training hours, nor will the office seek to verify attendance of any training activity. **The Board shall audit a maximum of 10% of the renewal applications.**

Standards of Approval:

Continuing Professional Training means training gained from attendance and participation in approved counseling related trainings, addiction, behavioral health, or prevention courses, lectures, workshops, or seminars; training provided by the practitioner's employer; and teaching or training in the alcohol and drug counselor domains, the core functions, or the prevention specialist domains. It constitutes an organized program of learning, which contributes directly to the competency of the practitioner in serving the public. This includes the areas of prevention, treatment, counseling and the administration of programs to improve professional skills and upgrade the standards of all addiction counselors and prevention specialists. It is conducted by individuals considered experts in the subject matter of the program because of education, training, or experience; and, it is accompanied by a paper, manual, written outline, or electronic documentation which substantially pertains to the subject matter of the program.

The following guidelines apply to Continuing Professional Training:

- All Continuing Professional Training hours that are not on the approved list maintained by the Board must be approved by the Board thirty (30) days before or after the activity is held. A 'Request for Approval of Continuing Professional Training' form, along with appropriate documentation, must be completed and submitted to the BAPP Administrative Office.
- Continuing Professional Training is measured in units of "clock hours." A clock hour is a continuous fifty-minute period.
- Continuing Professional Training must be obtained within the time frame of each 2-year compliance period.
- Continuing Professional Training hours are not cumulative. Additional hours earned during one compliance period cannot be carried over to the next compliance period.

- The renewal application will not be considered complete unless the required continuing education documentation is received.
- Practitioners should claim only the number of hours of actual attendance for the training activities they have attended.

The hours can be obtained in a combination and variety of ways to include:

- Counseling, addiction, behavioral health, or prevention courses at accredited post-secondary institutions.
- Counseling related trainings, lectures, workshops, or seminars.
- Addiction related trainings, lectures, workshops, or seminars.
- Behavioral health trainings, lectures, workshops, or seminars.
- Prevention trainings, lectures, workshops, or seminars.
- In-service training (educational training activities which occur within the practitioner's agency, for agency staff, and conducted by agency staff).
- Teaching and/or training in the counselor core functions.

Continuing Professional Training should be in those areas related to the scope of practice for the practitioner. The practitioner is responsible for financing the costs of Continuing Professional Training.

APPROVAL OF CONTINUING PROFESSIONAL EDUCATION/TRAINING

Attendee: An attendee who desires approval of a Continuing Professional Training activity can apply to the Board within 30 days before or after the activity is held, by completing and submitting the 'Request for Approval of Continuing Professional Training' form. (The form can be downloaded from the BAPP website.) Along with the form, the attendee must also submit a copy of the printed program/brochure/agenda/etc. for the training activity being held. This documentation must identify: the date(s) and location of the training; sponsoring agency; an outline of the training activity; the topics covered; instructors and their qualifications, the number of contact hours being requested; and, the time schedule (actual hours for sessions, breaks, lunches, etc.). Time devoted to breaks, meals, touring of facilities, or any topic not directly related to the training materials, will not be considered or included when awarding Continuing Professional Training hours. The Board will notify the attendee in writing whether the activity is approved. The Board shall maintain and make available upon request the list of Continuing Professional Training activities approved by the Board.

Education Sponsor: Organizations or presenters who desire to sponsor Continuing Professional Training activities can apply to the Board within 30 days before or after the activity is held, by completing and submitting the 'Request for Approval of Continuing Professional Training' form, the 'Educational Provider Status Agreement' form, and paying the required service provider fee. (The forms can be downloaded from the BAPP website.) Along with the forms, the sponsor must also submit a copy of the brochure/agenda/syllabus/etc. for the training activity being held. This documentation must identify: the date(s) and location of the training; an outline of the training activity; the topics covered; instructors and their vitae; the number of contact hours being requested; and, the time schedule (actual hours for sessions, breaks, lunches, etc.). Time devoted to breaks, meals, touring of facilities, or any topic not directly related to the training materials, will not be considered or included when awarding Continuing Professional Training hours. The Board will notify the sponsor in writing whether the activity is approved. The Board shall maintain and have a list of pre-approved sponsors available on the BAPP website.

The Board approves which trainings are acceptable for Continuing Professional Training, but the Board and/or Administrative Office does not grant or issue the actual credit for the Continuing Professional Training hours, unless the training is given or directly sponsored by the Board.

TEACHING AND TRAINING HOURS FOR FACILITATORS

Hours can be obtained through education and training provided by certified or licensed practitioners to other practitioners on addiction and prevention related topics. The number of hours awarded will be equal to the number of contact hours spent in the actual teaching or training time. Of the required Continuing

Professional Training hours, a practitioner may not receive credit for more than fifteen (15) hours of teaching/training time if singly credentialed, or twenty (20) hours if dually credentialed (CAC/CPS or LAC/CPS), within any given compliance period. The following guidelines apply:

- Teaching activities must be accredited courses as designated by a post-secondary institution for which college credit is issued.
- Training activities must be trainings related to the addiction counseling or prevention services professions.
- Any training activities not on the approved provider list must be approved within thirty (30) days of the activity.
- All training must be completed within the applicable 2-year professional training compliance period.
- An instructor can receive credit for teaching or training one time per course/training activity within a three-year period.
- Patient lectures or public education lectures (i.e., those offered to schools or to public service groups) may not be used to meet the teaching and training requirements.

AUDIT FOR CONTINUING PROFESSIONAL TRAINING

A maximum of 10% of the certified and licensed practitioners will be audited on a monthly basis every two years, in even-numbered years. If audited, the burden of proof to demonstrate adequate Continuing Professional Training is with the practitioner.

Audits will be conducted in the following manner:

- a. The Board will notify each practitioner who has been randomly selected for an audit.
- b. The Board will ask the practitioner to submit a copy of the Continuing Professional Training documentation for each training activity attended. To show compliance with the Continuing Professional Training requirements, each practitioner must obtain proof of attendance and completion from the sponsoring organization for each course or training activity attended. The Certificates of Attendance or documentation must include: the practitioner's name; the sponsoring agency; the title of the training activity; the date (mm/dd/yy) of the training activity (or start and end dates); the number of contact hours completed/earned; and, must be signed by a representative of the institution or organization sponsoring the training activity. (Certificates of attendance, letters, rosters, transcripts, etc., should be made available to attendees by the sponsoring agency or postsecondary institution.)
- c. The BAPP staff will review the documentation and verify the practitioner's 'Continuing Education/Training Report' form with the supporting documentation.
- d. If there is a discrepancy, the Board office will seek further information from the practitioner.
- e. False documentation will be cause for a referral to the Board of Directors.

Failure of a practitioner to comply with the Continuing Professional Training audit may result in the lapse of certification or licensure.

CHAPTER 8 - CHANGE IN STATUS

RETIREMENT STATUS

A certified or licensed practitioner, in good standing, who is age 62 or older and is unemployed or employed in the profession on a part time basis (20 hours per week or less) at the time of certification or licensure renewal is eligible to apply for retirement status. A written request to change from 'active' to 'retirement' status must be submitted to the BAPP Administrative Office prior to the practitioner's annual renewal due date, which is the last day of the practitioner's birth month.

If applying for retirement status in an even-numbered year (when continuing education documentation is reported to the BAPP), a practitioner shall submit 40 hours of continuing education if singly credentialed (60 hours if dually credentialed (CAC/CPS or LAC/CPS) for the 2-year compliance period just ending.

If applying for retirement status in an odd-numbered year (when continuing education documentation is not reported to the BAPP), a practitioner shall obtain 30 hours for the next 2-year compliance period if singly credentialed (i.e. 20 hours for the year just ending of active status and 10 hours for the next year of retirement status). If dually credentialed (CAC/CPS or LAC/CPS), 45 hours of continuing education is required (i.e. 30 hours for the year of active status and 15 hours for the year of retirement status).

Going forward, a practitioner on retirement status is required to complete half of the Continuing Professional Training hours (20 hours if singly credentialed or 30 hours if dually credentialed (CAC/CPS or LAC/CPS); and, pay half of the required renewal fee in order to maintain their certification or licensure status.

Individuals who are granted retirement status are not eligible for reciprocity.

INACTIVE STATUS

Certified or licensed practitioners, in good standing, may request to be placed on inactive status. Inactive status allows the practitioner to maintain their certification or license by payment of the required renewal fee. Continuing Professional Training is not required while the practitioner is on inactive status. A practitioner on inactive status may not actively practice in the field and is not eligible for reciprocity.

A certified or licensed practitioner can place their certification or license on inactive status by submitting a written request to change from 'active' to 'inactive' status. However, it is not the intent for practitioners to change to inactive status to avoid the requirement of obtaining Continuing Professional Training hours.

Certification/licensure can be reactivated with submission of the renewal application and documentation of Continuing Professional Training hours. A practitioner who is reinstating from inactive status shall obtain the number of hours related to the time frame the certification/license was placed on inactive status up to 40 hours if singly credentialed, or 60 hours if dually credentialed (CAC/CPS or LAC/CPS). Under no circumstance will a practitioner be required to submit more than 40 Continuing Professional Training hours if singly credentialed, or 60 hours if dually credentialed (CAC/CPS or LAC/CPS).

A practitioner on active military duty and in good standing with the Board may be placed on inactive status upon written request by the practitioner or through Board action. No reactivation fee and no Continuing Professional Training hours are required unless the practitioner is working as a military substance use disorders specialist or addictions counselor. A military practitioner on inactive status is not eligible for reciprocity.

MILITARY ACTIVATIONS

The BAPP recognizes the importance of service in the military. In the event of a “call-up” or activation, the Board will attempt to accommodate the practitioner that is activated and within reason the employment site of that individual.

For certified/licensed practitioners, the certificate/license will remain in place. For Trainees, the re-issue of Trainee recognition status will take place upon request. In general, there will be no lapse of certification, licensure, or Trainee recognition status upon the return of a person from an active military duty or reserve military activation.

If a disability is indicated upon a person’s return from active duty, the certificate/license will be held in abeyance until the individual is cleared to return to work.

Fees will cease at the time of call-up or a reasonable time before call-up. The Board recognizes that an actual report date and date of notification are often different from the actual date a reservist or active duty professional is no longer working at their civilian job site or in their addiction or prevention standing. When there is an activation and the person returns to employment in the field, the Board will allow reasonable time if the practitioner opts not to return to immediate employment.

In the event an activated practitioner returns from duty to a work site that is no longer available (site closes, there is a reduction in the work force, or other cause outside of the activated individual’s control), the Board will consider case-by-case how to approach fees, Continuing Professional Training, and related concerns.

Continuing Professional Training requirements will be in place; however, the Board on a case-by-case basis may identify a need to offset total hours of Continuing Professional Training required by the months/days activated or some other manner that seems appropriate for the particular reservist or active duty personnel. For military activation, the certification/ licensure will be held on inactive status, no re-activation fee, and no Continuing Professional Training hours are required unless the person is working as a military substance use disorders specialist or addictions counselor.

Reasonable consideration will be given in regard to applicants for testing, etc. if the call-up returns close to deadlines for testing.

On a case-by-case basis, the Board may consider other action, as it deems appropriate.

It is the practitioner’s responsibility at the time of activation and deactivation to notify the Board of his or her current status. A person designated by the practitioner can make this notification.

CHAPTER 9 - RECIPROCITY

INTERNATIONAL CERTIFICATION AND RECIPROCITY CONSORTIUM (IC&RC)

The South Dakota Board of Addiction and Prevention Professionals is a member of the International Certification & Reciprocity Consortium (IC&RC). Representing more than 50,000 professionals, IC&RC is the global leader in the credentialing of prevention, substance use treatment, and recovery professionals. Organized in 1981, IC&RC has 78 member certification and licensing boards in 48 U.S. states and territories, four Native American regions, all branches of the U.S. military and 16 international regions.

The IC&RC promotes public protection by setting standards and developing examinations for the credentialing and licensing of prevention, substance use treatment, and recovery professionals. Uniform standards allow reciprocity between IC&RC member boards. A member board can utilize or implement individual requirements that are greater than, but not less than, IC&RC's minimum standards for credentialing. Every member organization is entitled to appoint delegates to serve on the IC&RC Board of Directors. Delegates are actively involved in the governance of the IC&RC and in standard setting and review.

TRANSFER THROUGH RECIPROCITY

Addiction Counselors and Prevention Specialists meeting the standards and successfully completing the IC&RC Written Examination are eligible for reciprocity through the IC&RC. Reciprocity is the transfer of an IC&RC credential from one jurisdiction (state, country, nation) to another usually without having to retest.

RECIPROCITY TO THE BAPP

Addiction or prevention professionals certified at a reciprocal level by an IC&RC member board who relocate to South Dakota may transfer their credential to the BAPP using the reciprocity process. No additional requirements will need to be met by the certified professional using this process to transfer their credential to South Dakota. To begin the reciprocity process, addiction or prevention professionals must contact their current credentialing board to seek guidance on their eligibility for reciprocity and request a reciprocity application. Upon completion of the reciprocity application, the professional sends the application plus a \$150 check or money order (payable to IC&RC) back to their current board. Upon completion of the reciprocity application by the professional and the credential verification report by the current credentialing board, the current credentialing board forwards the application (including the credential verification report) and money order to the IC&RC Office. When the BAPP receives reciprocity approval notification from the IC&RC Office, a BAPP reciprocity information form requesting address/employment information, a signed Professional Code of Ethics form, and a signed Authorization and Release of Information form is sent to the professional. Upon receipt of the required information, the BAPP will issue a certificate to the professional for the equivalent credential (i.e. Alcohol & Drug Counselors (ADC) will be granted CAC certification, and Certified Prevention Specialists will be granted CPS certification).

An applicant for reciprocity who fails to provide accurate and complete responses to the Board's request for information; or, who has been convicted of, pled guilty or no contest to, or received a suspended imposition of sentence for a felony offense within five years of the date of application for reciprocity may be denied reciprocity. Persons with felony records will need to sign appropriate releases of information that will allow the Board to verify current status.

The CAC professional may upgrade to LAC at any time upon completion of the current standards. The professional will be required to submit an upgrade application, provide all appropriate documentation, and submit the required fee. (See section on Status Upgrade)

RECIPROCITY OUT OF THE BAPP

Addiction or prevention professionals certified by the BAPP at a reciprocal level (CAC, LAC, CPS) who relocate to another state, country, or nation may transfer their credential to the new jurisdiction using the reciprocity process only if the new jurisdiction is an IC&RC member board. Reciprocity to a non-IC&RC member board is not permitted. Additional requirements may be imposed upon the professional depending on the laws and regulations governing the practice of addiction or prevention related services in the new jurisdiction. Therefore, professionals are strongly encouraged to contact the IC&RC member board in the new jurisdiction to determine if any additional requirements must be met. To begin the reciprocity process, professionals must contact the BAPP and request a reciprocity application. Upon completion of the reciprocity application, the professional sends the application plus a \$150 check or money order (payable to IC&RC) back to the BAPP. Upon completion of the reciprocity application by the professional and the credential verification report by the BAPP, the BAPP will forward the application (including the credential verification report) and money order to the IC&RC Office. Reciprocity is complete when the certification board in the new jurisdiction receives reciprocity approval notification from the IC&RC Office. That board will then issue the certified professional the equivalent credential offered unless laws or regulations governing the practice of addiction or prevention related services in the new jurisdiction must first be met.

South Dakota Certified Addiction Counselor (CAC), Licensed Addiction Counselors (LAC), and Certified Prevention Specialists (CPS) may apply for reciprocity to another jurisdiction. A complete listing of IC&RC member boards is located on the 'Member Boards' page of the IC&RC website at:
<http://internationalcredentialing.org>

INTERNATIONAL CERTIFICATES

The international certificate is an additional certificate available to certified/licensed practitioners holding a reciprocal credential (CAC, LAC, or CPS). A practitioner certified/licensed at a reciprocal level may receive an International Certificate at the time of annual renewal of their BAPP certification/licensure by completing the Board's 'IC&RC Certificate Application' and paying the required fee. The 'IC&RC Certificate Application' can be downloaded from the BAPP website.

The International Certificate does not replace, but rather enhances, the existing credential held through the BAPP. The certificates are recognition of the professional's achievements of national standards. The IC&RC certificate is suitable for framing and public presentation but is not required by the Board for public display.

CHAPTER 10 - CODE OF ETHICS

The Board promulgates and publishes the 'CODE OF ETHICS AND STANDARDS OF PRACTICE OF THE BOARD OF ADDICTION AND PREVENTION PROFESSIONALS'. The Code of Ethics applies equally to Addiction Counselor Trainees, Certified Addiction Counselors, Licensed Addiction Counselors, Prevention Specialist Trainees, Certified Prevention Specialists, and individuals in the process of applying for trainee recognition, certification or licensure.

A Board representative or a subcommittee appointed by the Board investigates alleged violations of the Code of Ethics or statutory violations.

The BAPP believes that all people have rights and responsibilities through every stage of human development. The goal of the various Codes is to provide a framework that guides addiction and prevention professionals to treat individuals, communities, and groups with the dignity, honor, respect, and reverence that are fitting to those that receive services.

This BAPP directive is derived from the above ethical principles and entitles human beings to the physical, social, psychological, spiritual and emotional care necessary to meet individual needs in their learning, recovery and rehabilitation process. All practitioners have a responsibility to adhere to the guiding principles and Code of Ethics within their scope of practice.

It is the responsibility of the trainee, certified or licensed professional, or those applying for recognition, certification, or licensure, to be familiar with the 'Code of Ethics and Standards of Practice of the Board of Addiction and Prevention Professionals'. This document can be found in Appendix E of this manual, downloaded from the BAPP website, or you can request a copy from the BAPP Administrative Office.

CHAPTER 11 - ETHICAL COMPLAINT PROCEDURES

FILING THE COMPLAINT

Complaints against practitioners or those seeking recognition, certification, or licensure shall be made through a formal procedure described herein. Disciplinary action may also be initiated by a majority vote of the Board of Directors of the South Dakota Board of Addiction and Prevention Professionals (BAPP). The BAPP Administrative Officer with consultation of the Board President may initiate complaints based on information presented to the Board by an applicant or supervisor during the course of the recognition, certification, licensure, renewal, or upgrade process.

All complaints must be in writing and include the full name and address of the complainant. The complaint must outline the facts, which clearly and accurately describe the nature of the complaint and the allegations against the respondent.

All complaints other than those generated by the Board or Administrative Officer must be sent by first class mail to:

**BAPP Administrative Office
3101 W. 41st Street
Suite 205
Sioux Falls, SD 57105**

A complaint is not a public record. No agency or individual who files a complaint or provides information related to a complaint has a right to participate in the investigation or formal disciplinary proceedings.

Upon receipt of a formal written complaint, the BAPP Administrative Officer will forward the complaint to a Board representative or a subcommittee appointed by the Board for review and consideration, if the complainant is identified as an individual under the cognizance of the Board. All complaints shall be investigated under the authority of the Board's policies and procedures as outlined in the BAPP Standards Manual (including changes approved by the Board) and/or statutory regulations (Chapter 36-34) and/or administrative rules (Article 20:80).

Board members who have a conflict of interest will disqualify themselves from participating in a disciplinary procedure or appeal and may do so without comment. The following relationships may constitute a conflict of interest:

- Past or present family or "significant other".
- Past working relationship within the same agency or presently employed by the same agency.
- A present or former client or recipient of professional services.
- Any other special circumstances that may make objectivity difficult.

Notice of Complaint:

Upon receipt and review of the complaint, the BAPP appointed Board representative or subcommittee will determine whether or not the complaint warrants further investigation. The Board representative or subcommittee may, in its discretion, recommend to the Board of Directors to dismiss the complaint. If the Board determines that the complaint is frivolous or clearly unfounded, the Board may dismiss the complaint, by a unanimous vote, and expunge the complaint from the practitioner's record. The complainant shall be notified in writing of the Board's decision. Communication from the Board office will be accomplished through first class mail using the most recent address that the practitioner has reported to the Board.

If the Board determines a complaint has merit and constitutes grounds for disciplinary sanction, the Board shall provide a copy of the complaint to the practitioner. The practitioner shall be provided an opportunity to respond to the alleged misconduct within 30 days of receipt of the complaint. The practitioner shall be notified that failure to respond in writing within the specified time frame constitutes an admission to the allegations. All deliberations of the Board are held in closed session.

Ethics Hearing:

Upon review of all information and pertinent documentation, a hearing may be scheduled to receive and review testimony, evidence and question the complainant(s), the respondent(s), and witnesses.

The Board may use its own staff or employ certified or licensed addiction counselors, certified prevention specialists, agents, or investigators to assist in the enforcement of any violation of the codes or of the statute designating the Board or any rule promulgated by the Board. Any person violating the provisions of the statute may be enjoined from further violations by an action brought by the state's attorney of the county where the violations occurred or by an action brought by any citizen in the state. The Board, the Attorney General or the state's attorney may apply to the circuit court for the county in which a violation is alleged to have occurred for an order enjoining or restraining the commission or continuance of the acts.

The Board may authorize a hearing examiner to conduct the hearing required to determine a violation of this Act.

If a hearing is set, notification of the date, time and place of the hearing will be provided to all parties. A copy of the formal written complaint will be provided to the respondent. The respondent will be asked to submit a written statement outlining their responses to the allegations or conduct being complained about. The respondent will provide this written response to the BAPP Administrative Office at least seven days prior to the date of the hearing. The respondent will be notified that failure to respond in writing within the specified time frame will constitute an admission to the allegations and all stated rights and other due process would be forfeited if not exercised in a timely manner. The respondent's written statement will be provided to the complainant(s) when appropriate.

The Board reserves the right to dismiss the complaint at any time and upon review of all information and materials.

All parties will be provided with the policies and procedures and guidelines of the hearing process. The ethics complaint process is an adversarial proceeding with all parties having the right to be represented by an attorney. A formal record or transcription is not made of the hearing process. Parties wishing to have a transcript of the proceeding must request and pay for a court reporter at their own expense. The Board office must be notified in advance of the hearing that a party will provide a court reporter.

The hearing shall take place at a location and time established by the committee with all parties required to be present. Trainees, certified or licensed professionals, or those applying for recognition, certification, or licensure, who fail to appear, will constitute a violation of the professional code of ethics. Written notification of the date, place and time of the hearing must be provided to all parties at least 10 days prior to the scheduled hearing date.

Opportunity shall be given to all parties to be present and respond to evidence and testimony; to examine and cross examine all witnesses and evidence and present information and evidence in support of their interests. The South Dakota BAPP shall not be bound by common law or statutory rules of evidence but may consider all evidence having reasonable probative value.

It is the responsibility of all parties involved to see that witnesses and evidence are available for the scheduled hearing. The burden of proof of any and all allegation lies with the complainant(s).

No discovery from South Dakota BAPP files shall be permitted, and no access to the South Dakota BAPP files will be allowed for either the complainant or respondent. There shall be no contact with any of the Board members by the complainant, the respondent, or their representative prior to the hearing for the purposes of discussing the case.

The BAPP Administrative Officer or Board President will provide the complainant with information about procedures and policies if so requested.

The members of the Board will hear testimony, review evidence and have the opportunity to ask questions to obtain information necessary to make an accurate determination of the facts of the case. All deliberations of the committee are held in closed session.

Within thirty days upon completion of the hearing, the Board will submit its decision for the disposition of the case, including the facts upon which the decision is based to all parties involved.

Decision of the Board may be appealed in accordance with SDC 1-26.

GROUND FOR DISCIPLINE

Any violation of the professional codes of ethics or grounds for discipline may result in the denial, revocation, suspension, or disciplinary sanctions as outlined by the BAPP Standards Manual (including changes approved by the Board) and/or statutory regulations (Chapter 36-34) and/or administrative rules (Article 20:80). A majority of the BAPP Board of Directors may initiate a disciplinary action or demand an examination by a competent, licensed medical or psychological professional, against a trainee, certified/licensed professional, or person in the process of applying for recognition, certification, licensure when there is reason to believe the physical or mental condition of the individual may endanger the health or safety of clients who are, or may become, involved in receiving professional services from the trainee, certified/licensed professional, or person in the process of applying for trainee recognition, certification, or licensure.

The grounds for discipline include:

- a. A practitioner has employed or knowingly cooperated in fraud or material deception in order to obtain a certificate or license to practice the profession, or has engaged in fraud or material deception in the course of professional services or activities;
- b. A practitioner has been convicted in any court of a felony;
- c. A practitioner has engaged in or permitted the performance of unacceptable patient care by the practitioner or by auxiliaries working under the practitioner's supervision due to any deliberate or negligent act or failure to act;
- d. A practitioner has knowingly violated any provision of the administrative rules or statutes promulgated by the BAPP or any other professional licensing or certification boards;
- e. A practitioner has continued to practice although the practitioner has become unfit to practice due to professional incompetence, failure to keep abreast of current professional theory or practice, physical or mental disability, or addiction or severe dependency upon or use of alcohol or other drugs which endanger the public by impairing a practitioner's ability to practice safely;
- f. A practitioner has engaged in lewd or immoral conduct in connection with the delivery of addiction counseling or prevention services to consumers;
- g. A practitioner has or is employing or assisting an uncertified or unlicensed person to hold himself or herself out as a certified or licensed addiction counselor or certified prevention specialist;
- h. A practitioner submitted false, misleading, or inaccurate information to the board in obtaining issuance or renewal of recognition, certification, or licensure; or
- i. A practitioner has failed to provide information or documents requested by the Board in the investigation or prosecution of a professional or ethical complaint filed with the Board.

SANCTIONS

The Board may impose any of the following sanctions, singly or in combination, if the Board finds that a practitioner has violated any of the ethical standards adopted by the Board:

Denial	Refusal to issue recognition, certification, licensure, or renewal to an applicant until a required action has taken place;
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Revocation	Revoke a practitioner's recognition, certification, or license to practice for an indefinite length of time;
Suspension	Suspend a practitioner's recognition, certification, or license for a specific or indefinite length of time;
Reprimand/Censure	A formal written letter of reprimand or warning;
Probation	Place a practitioner on probationary status and require the practitioner to report regularly to the Board on the matters which are the basis for probation. The Board may withdraw the probation if the Board finds the deficiencies that resulted in disciplinary action have been remedied.
Limited Practice	Limit the practitioner's practice to areas prescribed by the Board and continue to review professional education until a satisfactory degree of skill has been attained in those areas that are the basis of the probation.

The Board may summarily suspend a practitioner's recognition, certification, or licensure in advance of a final adjudication or during the appeals process if the Board finds that a practitioner would represent a clear and immediate danger to the public health and safety if the practitioner were allowed to continue to practice. A practitioner whose recognition, certification, or licensure is suspended is entitled to a hearing before the Board within 20 days after the effective date of the suspension. The practitioner may subsequently appeal the suspension to circuit court in accordance with SDCL chapter 1-26.

The Board of Directors, when determining the nature and severity of the disciplinary sanction to be imposed may consider the following factors:

1. Sufficient cause to believe the individual's physical or mental condition may endanger the health or safety of clients who are or may become involved in a professional relationship
2. The relative seriousness of the violation as it related to assuring the public of a high standard of professional service and care.
3. The facts of a particular violation.
4. Any extenuating circumstances or other countervailing considerations.
5. The number of prior violations or complaints and seriousness of each.
6. Whether remedial action has previously been taken.
7. Other factors which reflect upon the competency, ethical standards and professional conduct of the individual.

The practitioner is required to reimburse the Board in an amount equal to the costs incurred for the investigation and disciplinary hearing including the amount paid by the Board for legal expenses, attorney fees, court reporters, and any mediator or hearing officer, provided there is clear and convincing evidence of wrongdoing on the part of the practitioner.

Any practitioner whose recognition, certification, or license to practice has been suspended or revoked may be reinstated or a new recognition, certification, or license may be issued, as the case may be, if in the discretion of the Board, such action is warranted. The Board may require the applicant to pay all costs of the proceedings resulting in the applicant's suspension or revocation including the amount paid by the Board for legal expenses and attorney fees.

APPEAL OF DENIAL

Applicants for initial or renewal recognition, certification or licensure whom have been denied in the application process may appeal the decision. Appeals must be submitted in writing requesting reconsideration of the decision within 30 days of the date the applicant received notification from the BAPP Administrative Office.

The Board, in its discretion, upon review of the request, may uphold its decision or grant the request of the applicant.

Applicants dissatisfied with the decision of the Board will have the right to appeal under the provisions and in accordance with SDCL chapter 1-26.

APPEAL OF EXAMINATION RESULTS

The BAPP will not accept appeals based solely on the inability of the candidate to pass the IC&RC Written Examination.

The examinations utilized by the BAPP are national standardized examinations, which are proven to be valid, reliable and legally defensible testing instruments. Appeals related to the examinations must be relevant to the Board's failure to comply with acceptable testing guidelines and practices as established by the International Certification & Reciprocity Consortium (IC&RC) or it's contracted testing company.

If candidates wish to have a review of their score on the written examination, the request must be submitted in writing within 30 days of the postmark on their score report. Candidates should be aware that the IC&RC examination security and item banking procedures do not permit candidate's access to examination questions, answer keys or other secure materials.

APPENDICES

APPENDIX A – ALCOHOL AND DRUG COUNSELOR DOMAINS

Within each domain are several identified tasks that provide the basis for questions in the IC&RC Alcohol and Drug Counselor Examination.

ADC Domains	Weight on Exam
Domain I: Screening, Assessment, and Engagement	23%
Domain II: Treatment Planning, Collaboration, and Referral	27%
Domain III: Counseling	28%
Domain IV: Professional and Ethical Responsibilities	22%

Domain I: Screening, Assessment, and Engagement

Tasks:

- Demonstrate verbal and non-verbal communication to establish rapport and promote engagement.
- Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.
- Assess client's immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.
- Administer appropriate evidence-based screening and assessment instruments specific to clients to determine their strengths and needs.
- Obtain relevant history and related information from the client and other pertinent sources to establish eligibility and appropriateness of services.
- Screen for physical needs, medical conditions, and co-occurring mental health disorders that might require additional assessment and referral.
- Interpret results of screening and assessment and integrate all available information to formulate diagnostic impression, and determine an appropriate course of action.
- Develop a written summary of the results of the screening and assessment to document and support the diagnostic impressions and treatment recommendations.

Domain II: Treatment Planning, Collaboration, and Referral

Tasks:

- Formulate and discuss diagnostic assessment and recommendations with the client and concerned others to initiate an individualized treatment plan that incorporates client's strengths, needs, abilities, and preferences.
- Use ongoing assessment and collaboration with the client and concerned others to review and modify the treatment plan to address treatment needs.
- Match client needs with community resources to facilitate positive client outcomes.
- Discuss rationale for a referral with the client.
- Communicate with community resources regarding needs of the client.
- Advocate for the client in areas of identified needs to facilitate continuity of care.
- Evaluate the effectiveness of case management activities to ensure quality service coordination.
- Develop a plan with the client to strengthen ongoing recovery outside of primary treatment.
- Document treatment progress, outcomes, and continuing care plans.
- Utilize multiple pathways of recovery in treatment planning and referral.

Domain III: Counseling

Tasks:

- Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process.
- Provide information to the client regarding the structure, expectations, and purpose of the counseling process.
- Continually evaluate the client's safety, relapse potential, and the need for crisis intervention.
- Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.
- Assist families and concerned others in understanding substance use disorders and engage them in the recovery process.
- Document counseling activity and progress towards treatment goals and objectives.
- Provide information on issues of identity, ethnic background, age, sexual orientation, and gender as it relates to substance use, prevention and recovery.
- Provide information about the disease of addiction and the related health and psychosocial consequences.

Domain IV: Professional and Ethical Responsibilities

Tasks:

- Adhere to established professional codes of ethics and standards of practice to uphold client rights while promoting best interests of the client and profession.
- Recognize diversity and client demographics, culture and other factors influencing behavior to provide services that are sensitive to the uniqueness of the individual.
- Continue professional development through education, self-evaluation, clinical supervision, and consultation to maintain competence and enhance professional effectiveness.
- Identify and evaluate client needs that are outside of the counselor's ethical scope of practice and refer to other professionals as appropriate.
- Uphold client's rights to privacy and confidentiality according to best practices in preparation and handling of records.
- Obtain written consent to release information from the client and/or legal guardian, according to best practices.
- Prepare concise, clinically accurate, and objective reports and records.

For more information see IC&RC Candidate Guide for Alcohol and Drug Counselor Examination.

APPENDIX B – TWELVE CORE FUNCTIONS OF THE ALCOHOL AND DRUG ABUSE COUNSELOR AND GLOBAL CRITERIA

The twelve core functions represent a specific entity and although they may overlap, depending on the nature of the Counselor's practice, the Counselor must be able to demonstrate competency in each core function and global criteria area.

SCREENING: The process by which a client is determined to be appropriate and eligible for admission to a particular program.

Global Criteria

1. Evaluate psychological, social and physiological signs and symptoms of alcohol and other drug use and abuse.
2. Determine the client's appropriateness for admission or referral.
3. Determine the client's eligibility for admission or referral.
4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate a need for additional professional assessment and/or services.
5. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.

This function requires that the counselor consider a variety of factors before deciding whether or not to admit the potential client for treatment. It is imperative that the counselor use appropriate diagnostic criteria to determine whether the applicant's alcohol or other drug use constitutes abuse. All counselors must be able to describe the criteria they use and demonstrate their competence by presenting specific examples of how the use of alcohol and other drugs has become dysfunctional for a particular client.

The determination of a particular client's appropriateness for a program requires the counselor's judgment and skill and is influenced by the program's environment and modality (i.e., inpatient, outpatient, residential, pharmacotherapy, detoxification, or day care). Important factors include the physical condition of the client, outside supports/resources, previous treatment efforts, motivation and the philosophy of the program.

The eligibility criteria are generally determined by the focus, target population and funding requirements of the counselor's program or agency. Many of the criteria are easily ascertained. These may include the client age, gender, place of residence, legal status, veteran status, income level and the referral source. Allusion to following agency policy is a minimally acceptable statement.

If the applicant (client) is found ineligible or inappropriate for the program, the counselor should be able to suggest an alternative.

INTAKE: The administrative and initial assessment procedures for admission to a program.

6. Complete required documents for admission to the program.
7. Complete required documents for program eligibility and appropriateness.
8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

The intake usually becomes an extension of the screening, when the decision to admit is formally made and documented. Much of the intake process includes the completion of various forms. Typically, the client and counselor fill out an admission or intake sheet, document the initial assessment, complete appropriate releases of information, collect financial data, sign consent for treatment and assign the primary counselor.

ORIENTATION: Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any, and client's rights.

Global Criteria:

9. Provide an overview to the client by describing program goals and objectives for client care.
10. Provide an overview to the client by describing program rules, and client obligations and rights.
11. Provide an overview to the client of the programs operations.

The orientation may be provided before, during and/or after the client's screening and intake. It can be conducted in an individual, group or family context. Portions of the orientation may include other personnel for certain specific parts of the treatment, such as medication.

ASSESSMENT: The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan.

Global Criteria:

12. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.
13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history.
14. Identify appropriate assessment tools.
15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
16. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

Although assessment is a continuing process, it is generally emphasized early in treatment. It usually results from a combination of focused interviews, testing and/or record reviews.

The counselor evaluates major life areas (i.e., physical, health, vocational development, social adaptation, legal involvement and psychological functioning) and assesses the extent to which alcohol or drug use has interfered with client's functioning in each of these areas. The result of this assessment should suggest the focus for treatment.

TREATMENT PLANNING: Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long term goals and decide upon a treatment process and the resource to be utilized.

Global Criteria:

17. Explain assessment results to the client in an understandable manner.
18. Identify and rank problems based on individual client needs in the written treatment plan.
19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

The treatment contract is based on the assessment and is a product of a negotiation between the client and counselor to assure that the plan is tailored to the individual's needs. The language of the problem, goal and strategy statements should be specific, intelligible to the client and expressed in behavioral terms. The statement of the problem concisely elaborates on a client and counselor to determine progress in treatment. The plan or strategy is a specific activity that links the problem with the goal. It describes the services, who will provide them, where they will be provided and at what frequency.

Treatment planning is a dynamic process and the contracts must be regularly reviewed and modified as appropriate.

COUNSELING: (Individual, Group and Significant Others.) The utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions and decision making.

Global Criteria:

21. Select the counseling theory(ies) that apply.
22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
23. Apply techniques to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.
24. Individualize counseling in accordance with cultural, gender and life-style differences.
25. Interact with the client in an appropriate therapeutic manner.
26. Elicit solutions and decisions from the client.
27. Implement the treatment plan.

Counseling is basically a relationship in which the counselor helps the client mobilize resources to resolve his/her problem and/or modify attitudes and values. The counselor must be able to demonstrate a working knowledge of various counseling approaches. These methods may include Reality Therapy, Transactional Analysis, Strategic Family Therapy, Client-Centered Therapy, etc. Further, the counselor must be able to explain the rationale for using a specific skill for the particular client. For example, a behavioral approach might be suggested for clients who are resistant, manipulative and have difficulty anticipating consequences and regulating impulses. On the other hand, a cognitive approach may be appropriate for a client who is depressed, yet insightful and articulate.

Also, the Counselor should be able to explain his/her rationale for choosing a counseling skill in an individual, group or significant other context. Finally, the counselor should be able to explain why a counseling approach or context changes during treatment.

CASE MANAGEMENT: Activities that bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts.

Global Criteria:

28. Coordinate services for client care.
29. Explain the rationale of case management activities to the client.

Case management is the coordination of a multiple services plan. By the time many alcohol and other drug abusers enter treatment they tend to manifest dysfunction in a variety of areas. For example, a heroin addict may have hepatitis, lack job skills and have pending criminal charges. In this case, the counselor might monitor his medical treatment, make a referral to a vocational rehabilitation program and communicate with representatives of the Criminal Justice system.

The client may also be receiving other treatment services, such as family therapy and pharmacotherapy, within the same agency. These activities must be integrated into the treatment plan and communication must be maintained with the appropriate personnel.

CRISIS INTERVENTION: Those services that respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

Global Criteria:

30. Recognize the elements of the client's crisis.
31. Implement an immediate course of action appropriate to the crisis.
32. Enhance overall treatment by utilizing crisis events.

A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly related to alcohol or drug use (i.e., overdose or relapse) or indirectly related. The latter might include the death of a significant other, separation/divorce, arrest, suicidal gestures, a psychotic episode or outside pressure to terminate treatment.

It is imperative that the counselor be able to identify the crisis when they surface, attempt to mitigate or resolve the immediate problem and use the negative events to enhance the treatment efforts, if possible.

CLIENT EDUCATION: Provision of information to individuals and groups concerning alcohol and other drug abuse, the implications of, and the available services and resources.

Global Criteria:

33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
34. Present information about available alcohol and other drug services and resources.

Client education is provided in a variety of ways. In certain inpatient and residential programs, for example, a sequence of formal classes may be conducted using a didactic format with reading materials and films. On the other hand, an outpatient counselor may provide relevant information to the client individually and informally. In addition to alcohol and drug information, client education may include a description of self-help groups and other resources that are available to the clients and their families

REFERRAL: Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

Global Criteria:

35. Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
36. Explain the rationale for the referral to the client.
37. Match client needs and/or problems to appropriate resources.
38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
39. Assist the client in utilizing the support systems and community resources available.

In order to be competent in this function, the counselor must be familiar with community resources, both alcohol and drug and others, and be aware of the limitations of each service and if the limitations could adversely impact the client. In addition, the counselor must be able to demonstrate a working knowledge of the referral process, including the confidentiality requirements and outcomes of the referral.

Referral is obviously closely related to case management when integrated into the initial and ongoing treatment plan. It also includes, however, aftercare or discharge planning referrals that take into account the continuum of care.

REPORTS AND RECORD KEEPING: Charting the results or the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

Global Criteria:

40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
41. Chart pertinent ongoing information pertaining to the client.
42. Utilize relevant information from written documents for client care.

The report and record-keeping function is extremely important. It benefits the counselor by documenting the client's progress in achieving his or her goals. It facilitates adequate communication between co-workers. It assists the counselor's supervision providing timely feedback. It is valuable to other programs that may provide services to the client at a later date. It can enhance the accountability of the program to its licensing/funding sources. Ultimately, if performed properly, it can enhance the client's entire treatment experience.

CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT SERVICES: Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

Global Criteria:

- 43. Recognize issues that are beyond the counselor's base of knowledge and/or skills.
- 44. Consult with appropriate resources to ensure the provision of effective treatment services.
- 45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client identifying data.
- 46. Explain the rationale for the consultation to the client, if appropriate.

Consultations are meetings for discussions, decision-making and planning. The most common consultation is the regular in-house staffing in which client cases are reviewed with other members of the treatment team. Consultations also can be conducted in individual sessions with the supervisor, other counselors, psychologists, physicians, probation officers and other service providers connected with the client's case.

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APPENDIX C – PREVENTION SPECIALIST DOMAINS

Within each domain are several identified tasks that provide the basis for questions in the IC&RC Prevention Specialist Examination.

PS Domains	Weight on Exam
Domain 1: Planning and Evaluation	30%
Domain 2: Prevention Education and Service Delivery	15%
Domain 3: Communication	13%
Domain 4: Community Organization	15%
Domain 5: Public Policy and Environmental Change	12%
Domain 6: Professional Growth and Responsibility	15%

Domain 1: Planning and Evaluation

Tasks:

- Determine the level of community readiness for change.
- Identify appropriate methods to gather relevant data for prevention planning.
- Identify existing resources available to address the community needs.
- Identify gaps in resources based on the assessment of community conditions.
- Identify the target audience.
- Identify factors that place persons in the target audience at greater risk for the identified problem.
- Identify factors that provide protection or resilience for the target audience.
- Determine priorities based on comprehensive community assessment.
- Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.
- Select prevention strategies, programs, and best practices to meet the identified needs of the community.
- Implement a strategic planning process that results in the development and implementation of a quality strategic plan.
- Identify appropriate prevention program evaluation strategies.
- Administer surveys/pre/posttests at work plan activities.
- Conduct evaluation activities to document program fidelity.
- Collect evaluation documentation for process and outcome measures.
- Evaluate activities and identify opportunities to improve outcomes.
- Utilize evaluation to enhance sustainability of prevention activities.
- Provide applicable workgroups with prevention information and other support to meet prevention outcomes.
- Incorporate cultural responsiveness into all planning and evaluation activities.
- Prepare and maintain reports, records, and documents pertaining to funding sources.

Domain 2: Prevention Education and Service Delivery

Tasks:

- Coordinate prevention activities.
- Implement prevention education and skill development activities appropriate for the target audience.
- Provide prevention education and skill development programs that contain accurate, relevant, and timely content.
- Maintain program fidelity when implementing evidence-based practices.

- Serve as a resource to community members and organizations regarding prevention strategies and best practices.

Domain 3: Communication

Tasks:

- Promote programs, services, activities, and maintain good public relations.
- Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.
- Identify marketing techniques for prevention programs.
- Apply principles of effective listening.
- Apply principles of public speaking.
- Employ effective facilitation skills.
- Communicate effectively with various audiences.
- Demonstrate interpersonal communication competency.

Domain 4: Community Organization

Tasks:

- Identify the community demographics and norms.
- Identify a diverse group of stakeholders to include in prevention programming activities.
- Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.
- Offer guidance to stakeholders and community members in mobilizing for community change.
- Participate in creating and sustaining community-based coalitions.
- Develop or assist in developing content and materials for meetings and other related activities.
- Develop strategic alliances with other service providers within the community.
- Develop collaborative agreements with other service providers within the community.
- Participate in behavioral health planning and activities.

Domain 5: Public Policy and Environmental Change

Tasks:

- Provide resources, trainings, and consultations that promote environmental change.
- Participate in enforcement initiatives to affect environmental change.
- Participate in public policy development to affect environmental change.
- Use media strategies to support policy change efforts in the community.
- Collaborate with various community groups to develop and strengthen effective policy.
- Advocate to bring about policy and/or environmental change.

Domain 6: Professional Growth and Responsibility

Tasks:

- Demonstrate knowledge of current prevention theory and practice.
- Adhere to all legal, professional, and ethical principles.
- Demonstrate cultural responsiveness as a prevention professional.
- Demonstrate self-care consistent with prevention messages.
- Recognize importance of participation in professional associations locally, statewide, and nationally.
- Demonstrate responsible and ethical use of public and private funds.
- Advocate for health promotion across the life span.
- Advocate for healthy and safe communities.
- Demonstrate knowledge of current issues of addiction.
- Demonstrate knowledge of current issues of mental, emotional, and behavioral health.

For more information see IC&RC Candidate Guide for Prevention Specialist Examination.

APPENDIX D – FEE SCHEDULE

Services	Fee
Application materials	\$25.00
CAC, CPS, or LAC application and examination fee	\$250.00
CAC, CPS, or LAC examination cancellation or re-scheduling fee	\$25.00
CAC, CPS, or LAC examination late cancellation or nonattendance fee	\$125.00
CAC, CPS, or LAC retest fee	\$200.00
CAC or CPS renewal fee	\$175.00
LAC renewal fee	\$200.00
CAC & CPS dual credential renewal fee	\$262.50
LAC & CPS dual credential renewal fee	\$287.50
CAC or CPS retirement status renewal fee	\$87.50
LAC retirement status renewal fee	\$100.00
CAC & CPS dual credential / retirement status renewal fee	\$131.25
LAC & CPS dual credential / retirement status renewal fee	\$143.75
Status upgrade fee	\$150.00
CAC, CPS or LAC replacement identification card	\$5.00
ACT or PST recognition fee	*
ACT or PST renewal fee	\$150.00
Reinstatement fee	\$150.00
Replacement or duplicate certificate	\$15.00
IC&RC certificate fee	\$20.00
Course review fee (\$25 for every three course reviews)	\$25.00
Registration as a continuing education service provider	\$25.00
Mailing labels charge	\$100.00

*Pro-rated amount of \$12.50 per month from the month of initial recognition to the last day of the month of the Trainee's birth month, not to exceed \$150.00.

Note: All fees are nonrefundable

APPENDIX E – CODE OF ETHICS AND STANDARDS OF PRACTICE

BAPP Preamble for Addiction Counselors and Prevention Specialists

The South Dakota Board of Addiction and Prevention Professionals (BAPP) is responsible for establishing policies and setting standards for the professional practice of addiction counseling and prevention services. The BAPP is dedicated to recognizing the uniqueness of each person's potential, accepting the diversity within the citizens of South Dakota in all areas of ethnicity, disability, marital status, gender preference, creed, religion, and choices of legal behavior. The BAPP's purpose is to protect the public through the development and establishment of generally accepted standards of professionalism and competence to be used in the recognition, certification, and licensure of addiction and prevention professionals in South Dakota.

The BAPP ethical codes and standards is for use by the public to identify appropriate behavior of current and future Addiction Counselor Trainees, Certified Addiction Counselors, Licensed Addiction Counselors, Prevention Specialist Trainees, and Certified Prevention Specialists. The BAPP's ethical codes and standards identify the ethical responsibilities of the profession. The code details and establishes, although not exhaustive, those principles that form the standards of ethical behavior of any individual certified, licensed, or recognized by the Board as having trainee status. This code will set the basis for the reception of and processing of those allegations related to breeches of acceptable standards, practices, and behavior by individuals recognized, certified, or licensed by this Board.

History and Effective Date

This version of the South Dakota BAPP Code of Ethics was adopted by the Board of Directors and its promulgation is effective beginning April 1, 2017. The consensus of the Board was to adopt the NAADAC/NCC AP Code of Ethics (National Association of Alcoholism & Drug Abuse Counselors) / (National Certification Commission for Addiction Professionals). This Code of Ethics and related Standards will be used to address complaints concerning alleged conduct occurring on or after the Code's effective date. Complaints regarding conduct occurring before the effective date of this Code will be addressed in accordance with the Code of Ethics in effect at the time of the breach or violation.

CODE OF ETHICS AND STANDARDS OF PRACTICE OF THE SOUTH DAKOTA BOARD OF ADDICTION AND PREVENTION PROFESSIONALS (BAPP)

Introduction to Ethical Standards

i-1

The BAPP recognizes that its Addiction and Prevention Professionals and other Service Providers live and work in many diverse communities. The BAPP is responsible for creating a Code of Ethics that is relevant for ethical deliberation. The term “Addiction Professionals” shall include and refer to Addiction Counselor Trainees, Certified Addiction Counselors, Licensed Addiction Counselors, Prevention Specialist Trainees, and Certified Prevention Specialists offering addiction-specific services along the continuum of care from prevention through recovery; and, individuals in the process of applying for trainee recognition, certification or licensure. “Client” shall include and refer to individuals, couples, partners, families, or groups depending on the setting.

i-2

The Code of Ethics was written to govern the conduct of its practitioners, and it is the accepted Standard of Conduct for Addiction Professionals recognized/certified/licensed by the BAPP. The Code of Ethics reflects the ideals of the BAPP and its practitioners. When an ethics complaint is filed with the BAPP, it is evaluated by consulting the Code of Ethics. The Code of Ethics is designed as a statement identifying the values of the profession and as a guide for making clinical decisions. This Code is also utilized by other state certification boards and educational institutions to evaluate the behavior of Addiction Professionals and to guide the recognition/certification/licensure process.

i-3

In addition to identifying specific ethical standards, the BAPP recommends consideration of the following when making ethical decisions:

1. Autonomy: To allow others the freedom to choose their own destiny
2. Obedience: The responsibility to observe and obey legal and ethical directives
3. Conscientious Refusal: The responsibility to refuse to carry out directives that are illegal and/or unethical
4. Beneficence: To help others
5. Gratitude: To pass along the good that we receive to others
6. Competence: To possess the necessary skills and knowledge to treat the clientele in a chosen discipline and to remain current with treatment modalities, theories and techniques
7. Justice: Fair and equal treatment, to treat others in a just manner
8. Stewardship: To use available resources in a judicious and conscientious manner, to give back
9. Honesty and Candor: Tell the truth in all dealing with clients, colleagues, business associates and the community

10. Fidelity: To be true to your word, keeping promises and commitments
11. Loyalty: The responsibility to not abandon those with whom you work
12. Diligence: To work hard in the chosen profession, to be mindful, careful and thorough in the services delivered
13. Discretion: Use of good judgment, honoring confidentiality and the privacy of others
14. Self-improvement: To work on professional and personal growth to be the best you can be
15. Non-maleficence: Do no harm to the interests of the client
16. Restitution: When necessary, make amends to those who have been harmed or injured
17. Self-interest: To protect yourself and your personal interests.

Source: White (1993)

Principle I: The Counseling Relationship

I-1 Client Welfare

Addiction Professionals understand and accept their responsibility to ensure the safety and welfare of their client, and to act for the good of each client while exercising respect, sensitivity, and compassion. Addiction Professionals shall treat each client with dignity, honor, and respect, and act in the best interest of each client.

I-2 Informed Consent

Addiction Professionals understand the right of each client to be fully informed about treatment, and shall provide clients with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse services, and their right to withdraw consent within time frames delineated in the consent. Addiction Professionals have an obligation to review with their client - in writing and verbally - the rights and responsibilities of both professionals and clients. Addiction Professionals shall have clients attest to their understanding of the parameters covered by the Informed Consent.

I-3 Informed Consent

Informed Consent shall include:

- a. explicit explanation as to the nature of all services to be provided and methodologies and theories typically utilized;
- b. purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services;
- c. the addiction professional's qualifications, credentials, relevant experience, and approach to counseling;
- d. right to confidentiality and explanation of its limits including duty to warn;
- e. policies regarding continuation of services upon the incapacitation or death of the counselor;
- f. the role of technology, including boundaries around electronic transmissions with clients and social networking;
- g. implications of diagnosis and the intended use of tests and reports;

- h. fees and billing, nonpayment, policies for collecting nonpayment;
- i. specifics about clinical supervision and consultation;
- j. their right to refuse services; and
- k. their right to refuse to be treated by a person-in-training, without fear of retribution.

I-4 Limits of Confidentiality

Addiction Professionals clarify the nature of relationships with each party and the limits of confidentiality at the onset of services when agreeing to provide services to a person at the request or direction of a third party.

I-5 Diversity

Addiction Professionals shall respect the diversity of clients and seek training and supervision in areas in which they are at risk of imposing their values onto clients.

I-6 Discrimination

Addiction Professionals shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client on the basis of race, ethnicity, color, religious or spiritual beliefs, age, gender identification, national origin, sexual orientation or expression, marital status, political affiliations, physical or mental handicap, health condition, housing status, military status, or economic status.

I-7 Legal Competency

Addiction Professionals who act on behalf of a client who has been judged legally incompetent or with a representative who has been legally authorized to act on behalf of a client, shall act with the client's best interests in mind, and shall inform the designated guardian or representative of any circumstances which may influence the relationship. Addiction Professionals recognize the need to balance the ethical rights of clients to make choices about their treatment, their capacity to give consent to receive treatment-related services, and parental/familial/representative legal rights and responsibilities to protect the client and make decisions on their behalf.

I-8 Mandated Clients

Addiction Professionals who work with clients who have been mandated to counseling and related services, shall discuss legal and ethical limitations to confidentiality. Addiction Professionals shall explain confidentiality, limits to confidentiality, and the sharing of information for supervision and consultation purposes prior to the beginning of the therapeutic or service relationship. If the client refuses services, the Addiction Professionals shall discuss with the client the potential consequences of refusing the mandated services, while respecting client autonomy.

I-9 Multiple Therapists

Addiction Professionals shall obtain a signed Release of Information from a potential or actual client if the client is working with another behavioral health professional. The Release shall allow the Addiction Professionals to strive to establish a collaborative professional relationship.

I-10 Boundaries

Addiction Professionals shall consider the inherent risks and benefits associated with moving the boundaries of a counseling relationship beyond the standard parameters. Consultation and supervision shall be sought and documented.

I-11 Multiple/Dual Relationships

Addiction Professionals shall make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional shall take extra care so that professional judgment is not impaired and there is no risk of client exploitation. Such relationships include, but are not limited to, members of the Addiction Professional's immediate or extended family, business associates of the professional, or individuals who have a close personal relationship with the professional or the professional's family. When extending these boundaries, Addiction Professionals take appropriate precautions such as Informed Consent, consultation, supervision, and documentation to ensure that their judgment is not impaired and no harm occurs. Consultation and supervision shall be documented.

I-12 Prior Relationship

Addiction Professionals recognize that there are inherent risks and benefits to accepting as a client someone with whom they have a prior relationship. This includes anyone with whom the Professional had a casual, distant, or past relationship. Prior to engaging in a counseling relationship with a person from a previous relationship, the Professional shall seek consultation or supervision. The burden is on the Professional to ensure that their judgment is not impaired and that exploitation is not occurring.

I-13 Previous Client

Addiction Professionals considering initiating contact with or a relationship with a previous client shall seek documented consultation or supervision prior to its initiation.

I-14 Group

Addiction Professionals shall clarify who "the client" is, when accepting and working with more than one person as "the client." The Addiction Professional shall clarify the relationship he/she shall have with each person. In group counseling, Addiction Professionals shall take reasonable precautions to protect the members from harm.

I-15 Financial Disclosure

Addiction Professionals shall truthfully represent facts to all clients and third-party payers regarding services rendered, and the costs of those services.

I-16 Communication

Addiction Professionals shall communicate information in ways that are developmentally and culturally appropriate. Addiction Professionals offer clear understandable language when discussing issues related to Informed Consent. Cultural implications of Informed Consent are considered and documented by the Professional.

I-17 Treatment Planning

Addiction Professionals shall create treatment plans in collaboration with their client. Treatment plans shall be reviewed and revised on an ongoing and intentional basis to ensure their viability and validity.

I-18 Level of Care

Addiction Professionals shall provide their client with the highest quality of care. Addiction Professionals shall use ASAM or other relevant criteria to ensure that clients are appropriately and effectively served.

I-19 Documentation

Addiction Professionals and other Service Providers shall create, maintain, protect, and store documentation required per federal and state laws and rules, and organizational policies.

I-20 Advocacy

Addiction Professionals are called to advocate on behalf of clients at the individual, group, institutional, and societal levels. Addiction Professionals have an obligation to speak out regarding barriers and obstacles that impede access to and/or growth and development of clients. When advocating for a specific client, Addiction Professionals obtain written consent prior to engaging in advocacy efforts.

I-21 Referrals

Addiction Professionals shall recognize that each client is entitled to the full extent of physical, social, psychological, spiritual, and emotional care required to meet their needs. Addiction Professionals shall refer to culturally- and linguistically-appropriate resources when a client presents with any impairment that is beyond the scope of the Professional's education, training, skills, supervised expertise, and licensure.

I-22 Exploitation

Addiction Professionals are aware of their influential positions with respect to clients, trainees, and research participants and shall not exploit the trust and dependency of any client, trainee, or research participant. Addiction Professionals shall not engage in any activity that violates or diminishes the civil or legal rights of any client. Addiction Professionals shall not use coercive treatment methods with any client, including threats, negative labels, or attempts to provoke shame or humiliation. Addiction Professionals shall not impose their personal religious or political values on any client. Addiction Professionals do not endorse conversion therapy.

I-23 Sexual Relationships

Addiction Professionals shall not engage in any form of sexual or romantic relationship with any current or former client, nor accept as a client anyone with whom they have engaged in a romantic, sexual, social, or familial relationship. This prohibition includes in-person and electronic interactions and/or relationships. Addiction Professionals are prohibited from engaging in counseling relationships with friends or family members with whom they have an inability to remain objective.

I-24 Termination

Addiction Professionals shall terminate services with clients when services are no longer required, no longer serve the client's needs, or the Professional is unable to remain objective. Counselors provide pre-termination counseling and offer appropriate referrals as needed. Addiction Professionals may refer a client, with supervision or consultation, when in danger of harm by the client or by another person with whom the client has a relationship.

I-25 Coverage

Addiction Professionals shall make necessary coverage arrangements to accommodate interruptions such as vacations, illness, or unexpected situations.

I-26 Abandonment

Addiction Professionals shall not abandon any client in treatment. Addiction Professionals who anticipate termination or interruption of services to clients shall notify each client promptly and seek transfer, referral, or continuation of services in relation to each client's needs and preferences.

I-27 Fees

Addiction Professionals shall ensure that all fees charged for services are fair, reasonable, and commensurate with the services provided and with due regard for clients' ability to pay.

I-28 Self-Referrals

Addiction Professionals shall not refer clients to their private practice unless the policies, at the organization at the source of the referral, allow for self-referrals. When self-referrals are not an option, clients shall be informed of other appropriate referral resources.

I-29 Commissions

Addiction Professionals shall not offer or accept any commissions, rebates, kickbacks, bonuses, or any form of remuneration for referral of a client for professional services, nor engage in fee splitting.

I-30 Enterprises

Addiction Professionals shall not use relationships with clients to promote personal gain or profit of any type of commercial enterprise.

I-31 Withholding Records

Addiction Professionals shall not withhold records they possess that are needed for any client's treatment solely because payment has not been received for past services.

I-32 Withholding Reports

Addiction Professionals shall not withhold reports to referral agencies regarding client treatment progress or completion solely because payment has not yet been received in full for services, particularly when those reports are to courts or probation officers who

require such information for legal purposes. Reports may note that payment has not yet been made, or only partially made, for services rendered.

I-33 Disclosures re: Payments

Addiction Professionals shall clearly disclose and explain to each client, prior to the onset of services, (1) all costs and fees related to the provision of professional services, including any charges for cancelled or missed appointments, (2) the use of collection agencies or legal measures for nonpayment, and (3) the procedure for obtaining payment from the client if payment is denied by a third party payer.

I-34 Regardless of Compensation

Addiction Professionals shall provide the same level of professional skills and service to each client without regard to the compensation provided by a client or third party payer, and whether a client is paying full fee, a reduced fee, or has their fees waived.

I-35 Billing for Actual Services

Addiction Professionals shall charge each client only for services actually provided to a client regardless of any oral or written contract a client has made with the addiction professional or agency.

I-36 Financial Records

Addiction Professionals shall maintain accurate and timely clinical and financial records for each client.

I-37 Suspension

Addiction Professionals shall give reasonable and written notice to clients of impending suspension of services for nonpayment.

I-38 Unpaid Balances

Addiction Professionals shall give reasonable and written notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse—when such action is taken, Addiction Professionals shall not reveal clinical information.

I-39 Bartering

Addiction Professionals can engage in bartering for professional services if: (1) the client requests it, (2) the relationship is not exploitative, (3) the professional relationship is not distorted, (4) federal and state laws and rules allow for bartering, and (5) a clear written contract is established with agreement on value of item(s) bartered for and number of sessions, prior to the onset of services. Addiction Professionals consider the cultural implications of bartering and discuss relevant concerns with clients. Agreements shall be delineated in a written contract. Addiction Professionals shall seek supervision or consultation and document.

I-40 Gifts

Addiction Professionals recognize that clients may wish to show appreciation for services by offering gifts. Addiction Professionals shall take into account the therapeutic

relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift.

I-41 Uninvited Solicitation

Addiction Professionals shall not engage in uninvited solicitation of potential clients who are vulnerable to undue influence, manipulation, or coercion due to their circumstances.

I-42 Virtual

Addiction Professionals are prohibited from engaging in a personal or romantic virtual e-relationship with current clients.

Principle II: Confidentiality and Privileged Communication

II-1 Confidentiality

Addiction Professionals understand that confidentiality and anonymity are foundational to addiction treatment and embrace the duty of protecting the identity and privacy of each client as a primary obligation. Counselors communicate the parameters of confidentiality in a culturally-sensitive manner.

II-2 Documentation

Addiction Professionals shall create and maintain appropriate documentation. Addiction Professionals shall ensure that records and documentation kept in any medium (i.e., cloud, laptop, flash drive, external hard drive, tablet, computer, paper, etc.) are secure and in compliance with HIPAA and 42 CFR Part 2, and that only authorized persons have access to them. Addiction Professionals shall disclose to client within Informed Consent how records shall be stored, maintained, and disposed of, and shall include time frames for maintaining active file storage and disposal.

II-3 Access

Addiction Professionals shall notify the client, during Informed Consent, about procedures specific to client access of records. Addiction Professionals shall provide a client reasonable access to documentation regarding the client upon his/her written request. Addiction Professionals shall protect the confidentiality of any others contained in the records. Addiction Professionals shall limit the access of clients to their records – and provide a summary of the records – when there is evidence that full access could cause harm to the client. A treatment summary shall include dates of service, diagnoses, treatment plan, and progress in treatment. Professionals seek supervision or consultation prior to providing a client with documentation, and shall document the rationale for releasing or limiting access to records. Addiction Professionals shall provide assistance and consultation to the client regarding the interpretation of counseling records.

II-4 Sharing

Addiction Professionals shall encourage ongoing discussions with clients regarding how, when, and with whom information is to be shared.

II-5 Disclosure

Addiction Professionals shall not disclose confidential information regarding the identity of any client, nor information that could potentially reveal the identity of a client, without written consent and authorization by the client. In situations where the disclosure is mandated or permitted by state and federal law, verbal authorization shall not be sufficient except for emergencies.

II-6 Privacy

Addiction Professionals and the organizations they work for ensure that confidentiality and privacy of clients is protected by professionals, employees, supervisees, students, office personnel, other staff and volunteers.

II-7 Limits of Confidentiality

Addiction Professionals, during Informed Consent, shall disclose the legal and ethical boundaries of confidentiality and disclose the legal exceptions to confidentiality. Confidentiality and limitations to confidentiality shall be reviewed as needed during the counseling relationship. Addiction Professionals review with each client all circumstances where confidential information may be requested, and where disclosure of confidential information may be legally required.

II-8 Imminent Danger

Addiction Professionals may reveal client identity or confidential information without client consent when a client presents a clear and imminent danger to themselves or to other persons, and to emergency personnel who are directly involved in reducing the danger or threat. Counselors seek supervision or consultation when unsure about the validity of an exception.

II-9 Courts

Addiction Professionals ordered to release confidential privileged information by a court shall obtain written, Informed Consent from the client, take steps to prohibit the disclosure, or have it limited as narrowly as possible because of potential harm to the client or counseling relationship.

II-10 Essential Only

Addiction Professionals shall release only essential information when circumstances require the disclosure of confidential information.

II-11 Multidisciplinary Care

Addiction Professionals shall inform the client when they are a participant in a multidisciplinary care team providing coordinated services to the client. The client shall be informed of the team member's credentials and duties, information being shared, and the purposes of sharing client information.

II-12 Locations

Addiction Professionals shall discuss confidential client information in locations where they are reasonably certain they can protect client privacy.

II-13 Payers

Addiction Professionals shall obtain client authorization prior to disclosing any information to third party payers (i.e., Medicaid, Medicare, insurance payers, private payers).

II-14 Encryption

Addiction Professionals shall use encryption and precautions to ensure that information being transmitted electronically, or by any medium, remains confidential.

II-15 Deceased

Addiction Professionals shall protect the confidentiality of deceased clients by upholding legal mandates and documented preferences of the client.

II-16 All Parties

Addiction Professionals, who provide group, family, or couples therapy, shall describe the roles and responsibilities of all parties, limits of confidentiality, and the inability to guarantee that confidentiality shall be maintained by all parties.

II-17 Minors and Others

Addiction Professionals shall protect the confidentiality of any information received regarding counseling minor clients or adult clients who lack the capacity to provide voluntary Informed Consent, regardless of the medium, in accordance with federal and state laws, and organization policies and procedures. Parents, guardians, and appropriate third parties are informed regarding the role of the counselor, and the boundaries of confidentiality of the counseling relationship.

II-18 Storage and Disposal

Addiction Professionals shall create and/or abide by organizational, and state and federal, policies and procedures regarding the storage, transfer, and disposal of confidential client records. Addiction Professionals shall maintain client confidentiality in all mediums and forms of documentation.

II-19 Video Recording

Addiction Professionals shall obtain Informed Consent and written permissions and releases before videotaping, audio recording, or permitting third party observation of any client interaction or group therapy session. Clients are to be fully informed regarding recording such as purpose, who will have access, storage, and disposal of recordings. Exceptions to restrictions on third party observations shall be limited to students in field placements, internships, practicums, or agency trainees.

II-20 Recording e-therapy

Addiction Professionals shall obtain Informed Consent and written Release of Information prior to recording an electronic therapy session. Prior to obtaining Informed Consent for recording e-therapy, the Addiction Professionals shall seek supervision or consultation, and document recommendations. Addiction Professionals shall disclose to client in Informed Consent how e-records shall be stored, maintained, and disposed of and in what time frame.

II-21 Federal Regulations Stamp

Addiction Professionals shall ensure that all written information released to others is accompanied by a stamp identifying the Federal Regulations governing such disclosure, and shall notify clients when a disclosure is made, to whom the disclosure was made, and for what purposes the disclosure was made.

II-22 Transfer Records

Unless exceptions to confidentiality exist, Addiction Professionals shall obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature. Addiction Professionals shall ensure that all information released meets requirements of 42 CFR Part 2 and HIPAA. All information released shall be appropriately marked as confidential.

II-23 Written Permission

Addiction Professionals who receive confidential information about any client (past, present or potential) shall not disclose that information without obtaining written permission from the client (past, present or potential) allowing for such release.

II-24 Multidisciplinary Care

Addiction Professionals, who are part of integrative care teams, shall not release confidential client information to external care team members without obtaining written permission from the client allowing such release.

II-25 Diseases

Addiction Professionals adhere to relevant federal and state laws concerning the disclosure of a client's communicable and life-threatening disease status.

II-26 Storage and Disposal

Addiction Professionals shall store, safeguard, and dispose of client records in accordance with state and federal laws, accepted professional standards, and in ways which protect the confidentiality of clients.

II-27 Temporary Assistance

Addiction Professionals, when serving clients of another agency or colleague during a temporary absence or emergency, shall serve those clients with the same consideration and confidentiality as that afforded the professional's own clients.

II-28 Termination

Addiction Professionals shall take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. Addiction Professionals shall appoint a records custodian when identified as appropriate, in their Will or other document.

II-29 Consultation

Addiction Professionals shall share, with a consultant, information about a client for professional purposes. Only information pertaining to the reason for the consultation shall be released. Addiction Professionals shall protect the client's identity and prevent breaches to the client's privacy. Addiction Professionals, when consulting with colleagues or referral sources, shall not share confidential information obtained in clinical or consulting relationships that could lead to the identification of a client, unless the Addiction Professional has obtained prior written consent from the client. Information shall be shared only in appropriate clinical settings and only to the extent necessary to achieve the purposes of the consultation.

Principle III: Professional Responsibilities and Workplace Standards

III-1 Responsibility

Addiction Professionals shall abide by the Code of Ethics. Addiction Professionals have a responsibility to read, understand and follow the Code of Ethics and adhere to applicable laws and regulations.

III-2 Integrity

Addiction Professionals shall conduct themselves with integrity. Addiction Professionals aspire to maintain integrity in their professional and personal relationships and activities. Regardless of medium, Addiction Professionals shall communicate to clients, peers, and the public honestly, accurately, and appropriately.

III-3 Discrimination

Addiction Professionals shall not engage in, endorse or condone discrimination against prospective or current clients and their families, students, employees, volunteers, supervisees, or research participants based on their race, ethnicity, age, disability, religion, spirituality, gender, gender identity, sexual orientation, marital or partnership status, language preference, socioeconomic status, immigration status, active duty or veteran status, or any other basis.

III-4 Nondiscriminatory

Addiction Professionals shall provide services that are nondiscriminatory and nonjudgmental. Addiction Professionals shall not exploit others in their professional relationships. Addiction Professionals shall maintain appropriate professional and personal boundaries.

III-5 Fraud

Addiction Professionals shall not participate in, condone, or be associated with any form of dishonesty, fraud, or deceit.

III-6 Violation

Addiction Professionals shall not engage in any criminal activity. Addiction Professionals and Service Providers shall be in violation of this Code and subject to appropriate

sanctions, up to and including permanent revocation of their recognition, certification, or licensure, if they:

1. Fail to disclose conviction of any felony.
2. Fail to disclose conviction of any misdemeanor related to their qualifications or functions as an Addiction Professional;
3. Engage in conduct which could lead to conviction of a felony or misdemeanor related to their qualifications or functions as an Addiction Professional;
4. Are expelled from or disciplined by other professional organizations;
5. Have their licenses or certificates suspended or revoked, or are otherwise disciplined by regulatory bodies;
6. Continue to practice addiction counseling while impaired to do so due to physical or mental causes;
7. Continue to practice addiction counseling while impaired to do so due to use of alcohol or other drugs;
8. Continue to identify themselves as a trainee, certified, or licensed addiction or prevention professional after being denied recognition, certification, or licensure, or allowing their recognition, certification, or license to lapse; and/or
9. Fail to cooperate with the BAPP at any point from the inception of an ethics complaint through the completion of all procedures regarding that complaint.

III-7 Harassment

Addiction Professionals shall not engage in or condone any form of harassment, including sexual harassment.

III-8 Membership

Addiction Professionals intentionally differentiate between current, active memberships and former or inactive memberships with other professional associations.

III-9 Credentials

Addiction Professionals shall claim and present only those educational degrees and specialized certifications that they have earned from the appropriate institutions or organizations. Addiction Professionals shall not imply Master's level competence until their Master's degree is awarded. Addiction Professionals shall not imply doctoral-level competence until their doctoral title or degree is awarded. The accreditations of a specific institution of higher learning or degree program shall be accurately represented.

III-10 Credentials

Addiction Professionals shall claim and promote only those licenses and certifications that are current and in good standing.

III-11 Accuracy of Representation

Addiction Professionals shall ensure that their credentials and affiliations are identified accurately. Addiction Professionals shall correct all references to their credentials and affiliations that are false, deceptive, or misleading. Addiction Professionals shall advocate for accuracy in statements made by self or others about the addiction profession.

III-12 Misrepresentation

Addiction Professionals shall not misrepresent professional qualifications, education, experience, memberships or affiliations. Addiction Professionals shall accept employment on the basis of existing competencies or explicit intent to acquire the necessary competence.

III-13 Scope of Practice

Addiction Professionals shall provide services within their scope of practice and competency, and shall offer services that are science-based, evidence-based, and outcome-driven. Addiction Professionals shall engage in counseling practices that are grounded in rigorous research methodologies. Addiction Professionals shall maintain adequate knowledge of and adhere to applicable professional standards of practice.

III-14 Boundaries of Competence

Addiction Professionals shall practice within the boundaries of their competence. Competence shall be established through education, training, skills, and supervised experience, state and national professional credentials and certifications, and relevant professional experience.

III-15 Proficiency

Addiction Professionals shall seek and develop proficiency through relevant education, training, skills, and supervised experience prior to independently delivering specialty services. Addiction Professionals engage in supervised experience and seek consultation to ensure the validity of their work and protect clients from harm when developing skills in new specialty areas.

III-16 Educational Achievement

Addiction Professionals recognize that the highest levels of educational achievement are necessary to provide the level of service clients deserve. Addiction Professionals embrace the need for formal and specialized education as a vital component of professional development, competency, and integrity. Addiction Professionals pursue knowledge of new developments within the addiction and behavioral health professions and increase competency through formal education, training, and supervised experience.

III-17 Continuing Education

Addiction Professionals shall pursue and engage in continuing education and professional development opportunities in order to maintain and enhance knowledge of research-based scientific developments within the profession. Addiction Professionals shall learn and utilize new procedures relevant to the clients they are working with. Addiction Professionals shall remain informed regarding best practices for working with diverse populations.

III-18 Self-Monitoring

Addiction Professionals are continuously self-monitoring in order to meet their professional obligations. Addiction Professionals shall engage in self-care activities that promote and maintain their physical, psychological, emotional, and spiritual well-being.

III-19 Scientific

Addiction Professionals shall use techniques, procedures, and modalities that have a scientific and empirical foundation. Addiction Professionals shall utilize counseling techniques and procedures that are grounded in theory, evidence-based, outcome-driven and/or a research-supported promising practice. Addiction Professionals shall not use techniques, procedures, or modalities that have substantial evidence suggesting harm, even when these services are requested.

III-20 Innovation

Addiction Professionals shall discuss and document potential risks, benefits and ethical concerns prior to using developing or innovative techniques, procedures, or modalities with a client. Addiction Professionals shall minimize and document any potential risks or harm when using developing and/or innovative techniques, procedures, or modalities. The Professional shall seek and document supervision and/or consultation prior to presenting treatment options and risks to a client.

III-21 Multicultural Competency

Addiction Professionals shall develop multicultural counseling competency by gaining knowledge specific to multiculturalism, increasing awareness of cultural identifications of clients, evolving cultural humility, displaying a disposition favorable to difference, and increasing skills pertinent to being a culturally-sensitive Professional.

III-22 Multidisciplinary Care

Addiction Professionals shall work to educate medical professionals about substance use disorders, the need for primary treatment of these disorders, and the need to limit the use of mood-altering substances for persons in recovery.

III-23 Medical Professionals

Addiction Professionals shall recognize the need for the use of mood-altering substances in limited medical situations, and will work to educate medical professionals to limit, monitor, and closely supervise the administration of such substances when their use is necessary.

III-24 Collaborative Care

Addiction Professionals shall collaborate with other health care professionals in providing a supportive environment for any client who receives prescribed medication.

III-25 Multidisciplinary Care

Collaborative multidisciplinary care teams are focused on increasing the client's functionality and wellness. Addiction Professionals who are members of multidisciplinary care teams shall work with team members to clarify professional and ethical obligations of the team as a whole and its individual members. If ethical concerns develop as a result of a team decision, Addiction Professionals shall attempt to resolve the concern within the team first. If resolution cannot be reached within the team, Addiction Professionals shall pursue and document supervision and/or consultation to address their concerns consistent with client well-being.

III-26 Collegial

Addiction Professionals are aware of the need for collegiality and cooperation in the helping professions. Addiction Professionals shall act in good faith towards colleagues and other professionals, and shall treat colleagues and other professionals with respect, courtesy, honesty, and fairness.

III-27 Collaborative Care

Addiction Professionals shall develop respectful and collaborative relationships with other professionals who are working with a specific client. Addiction Professionals shall not offer professional services to a client who is in counseling with another professional, except with the knowledge and documented approval of the other professionals or following termination of services with the other professionals.

III-28 Qualified

Addiction professionals shall work to prevent the practice of addictions counseling by unqualified and unauthorized persons, and shall not employ individuals who do not have appropriate and requisite education, training, recognition/certification and/or licensure in addictions.

III-29 Advocacy

Addiction Professionals shall be advocates for their clients in those settings where the client is unable to advocate for themselves.

III-30 Advocacy

Addiction Professionals are aware of society's prejudice and stigma towards people with substance use disorders, and willingly engage in the legislative process, educational institutions, and public forums to educate people about addictive disorders and advocate for opportunities and choices for our clients.

III-31 Advocacy

Addiction Professionals shall advocate for changes in public policy and legislation to improve opportunities and choices for all persons whose lives are impaired by substance use disorders.

III-32 Advocacy

Addiction Professionals shall inform the public of the impact of substance use disorders through active participation in civic affairs and community organizations. Addiction Professionals shall act to guarantee that all persons, especially the disadvantaged, have access to the opportunities, resources, and services required to treat and manage their disorders. Addiction Professionals shall educate the public about substance use disorders, while working to dispel negative myths, stereotypes, and misconceptions about substance use disorders and the people who have them.

III-33 Present Knowledge

Addiction Professionals shall respect the limits of present knowledge in public statements concerning addictions treatment, and shall report that knowledge accurately and without distortion or misrepresentation to the public and to other professionals and organizations.

III-34 Organizational vs. Private

Addiction Professionals shall distinguish clearly between statements made and actions taken as a private individual and statements made and actions taken as a representative of an agency, group, organization, or the addiction profession.

III-35 Public Comments BAPP

Addiction Professionals shall make no public comments disparaging the BAPP or the addictions profession. The term “public comments” shall include, but is not limited to, any and all forms of oral, written, and electronic communication which may be accessible to anyone who is or is not a BAPP practitioner.

III-36 Public Comments SUDs

Addiction Professionals shall make no public comments disparaging persons who have substance use disorders. The term “public comments” shall include, but is not limited to, all forms of oral, written, and electronic communication which may be accessible to anyone who is or is not a BAPP practitioner.

III-37 Public Comments Legislative

Addiction Professionals shall make no public comments disparaging the legislative process, or any person involved in the legislative process. The term “public comments” shall include, but is not limited to, all forms of oral, written, and electronic communication which may be accessible to anyone who is or is not a BAPP practitioner.

III-38 Development

Addiction Professionals actively participate in local, state and national associations that promote professional development.

III-39 Policy

Addiction Professionals shall support the formulation, development, enactment, and implementation of public policy and legislation concerning the addiction profession and our clients.

III-40 Parity

Addiction Professionals shall work for parity in insurance coverage for substance use disorders as primary medical disorders.

III-41 Impairment

Addiction Professionals shall recognize the effect of impairment on professional performance and shall seek appropriate professional assistance for any personal problems or conflicts that may impair work performance or clinical judgment. Addiction Professionals shall continuously monitor themselves for signs of impairment physically,

psychologically, socially, and emotionally. Addiction Professionals, with the guidance of supervision or consultation, shall seek appropriate assistance in the event they are professionally impaired. Addiction Professionals shall abide by statutory mandates specific to professional impairment when addressing one's own impairment.

III-42 Impairment

Addiction Professionals shall offer and provide assistance and consultation as needed to peers, coworkers, and supervisors who are demonstrating professional impairment, and intervene to prevent harm to clients. Addiction Professionals shall abide by statutory mandates specific to reporting the professional impairment of peers, coworkers, and supervisors.

III-43 Referrals

Addiction Professionals shall not refer clients, or recruit colleagues or supervisors, from their places of employment or professional affiliation to their private practice without prior documented authorization. Addiction Professionals shall offer multiple referral options to clients when referrals are necessary. Addiction Professionals will seek supervision or consultation to address any potential or real conflicts of interest.

III-44 Termination

Addiction Professionals shall create a written plan, policy or Professional Will for addressing situations involving their incapacitation, termination of practice, retirement, or death.

III-45 Representation

Addiction Professionals and Organizations offering education, trainings, seminars, and workshops shall accurately and honestly represent their BAPP-approved education provider status. Addiction Professionals and organizations shall meet all requirements put forth by BAPP if they intend to promote active professional status.

III-46 Promotion

Addiction Professionals shall ensure that promotions and advertisements concerning their workshops, trainings, seminars, and products that they have developed for use in the delivery of services are accurate and provide ample information so consumers can make informed choices. Addiction Professionals shall not use their counseling, teaching, training or supervisory relationships to deceptively or unduly promote their products or training events.

III-47 Testimonials

Addiction Professionals shall be thoughtful when they solicit testimonials from former clients or any other persons. Addiction Professionals shall discuss with clients the implications of and potential concerns, regarding testimonials, prior to obtaining written permission for the use of specific testimonials. Addiction Professionals shall seek consultation or supervision prior to seeking a testimonial.

III-48 Reports

Addiction Professionals shall take care to accurately, honestly and objectively report professional activities and judgments to appropriate third parties (i.e., courts, probation/parole, healthcare insurance organizations and providers, recipients of evaluation reports, referral sources, professional organizations, regulatory agencies, regulatory boards, ethics committees, etc.).

III-49 Advice

Addiction Professionals shall take reasonable precautions, when offering advice or comments (using any platform including presentations and lectures, demonstrations, printed articles, mailed materials, television or radio programs, video or audio recordings, technology-based applications, or other media), to ensure that their statements are based on academic, research, and evidence-based, outcome-driven literature and practice. The advice or comments shall be consistent with the BAPP Code of Ethics.

III-50 Dual Relationship

When Addiction Professionals are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they shall clarify role expectations and the parameters of confidentiality with their colleagues.

III-51 Illegal Practices

When Addiction Professionals become aware of inappropriate, illegal, discriminatory, and/or unethical policies, procedures and practices at their agency, organization, or practice, they shall alert their employers. When there is the potential for harm to clients or limitations on the effectiveness of services provided, Addiction Professionals shall seek supervision and/or consultation to determine appropriate next steps and further action. Addiction Professionals and Supervisors shall not harass or terminate an employee or colleague who has acted in a responsible and ethical manner to expose inappropriate employer-employee policies, procedures and/or practices.

III-52 Supervision

Addiction Professionals, acting in the role of Supervisor or Consultant, shall take reasonable steps to ensure that they have appropriate resources and competencies when providing supervisory or consultation services. Supervisors or consultants shall provide appropriate referrals to resources when requested or needed.

III-53 Supervision

Addiction Professionals offering supervisory or consultation services shall have an obligation to review with the consultee/supervisee, in writing and verbally, the rights and responsibilities of both the Supervisory/Consultant and supervisee/consultee. Addiction Professionals shall inform all parties involved about the purpose of the services to be provided, costs, risks and benefits, and the limits of confidentiality.

Addiction Professionals shall give appropriate credit to the authors or creators of all materials used in the course of their work. Addiction Professionals shall not plagiarize another person's work.

Principle IV: Working in a Culturally Diverse World

IV-1 Knowledge

Addiction Professionals shall be knowledgeable and aware of cultural, individual, societal, and role differences amongst the clients they serve. Addiction Professionals shall offer services that demonstrate appropriate respect for the fundamental rights, dignity and worth of all clients.

IV-2 Cultural Humility

Addiction services along the continuum of care are offered in diverse settings to diverse clients. Addiction Professionals shall demonstrate cultural humility. Addiction Professionals shall maintain an interpersonal stance that is other-oriented and accepting of the cultural identities of the other person (client, colleague, peer, employee, employer, volunteer, supervisor, supervisee, and others).

IV-3 Meanings

Addiction Professionals shall recognize and be sensitive to the diverse cultural meanings associated with confidentiality and privacy. Addiction Professionals shall be open to and respect differing opinions regarding disclosure of information.

IV-4 Personal Beliefs

Addiction Professionals shall develop an understanding of their own personal, professional, and cultural values and beliefs. Addiction Professionals shall recognize which personal and professional values may be in alignment with or conflict with the values and needs of the client. Addiction Professionals shall not use cultural or value differences as a reason to engage in discrimination. Addiction Professionals shall seek supervision and/or consultation to address areas of difference and to decrease bias, judgment, and microaggressions.

IV-5 Heritage

Addiction Professionals practicing cultural humility shall be open to the values, norms, and cultural heritage of their clients and shall not impose his or her values/beliefs on the client.

IV-6 Credibility

Addiction Professionals practicing cultural humility shall be credible, capable, and trustworthy. Addiction Professionals shall use a cultural humility framework to consider diversity of values, interactional styles, and cultural expectations.

IV-7 Roles

Addiction professionals shall respect the roles of family members, social supports, and community structures, hierarchies, values and beliefs within the client's culture. Addiction

Professionals shall consider the impact of adverse social, environmental, and political factors in assessing concerns and designing interventions.

IV-8 Methodologies

Addiction Professionals shall use methodologies, skills, and practices that are evidence-based and outcome-driven for the populations being serviced. Addiction Professionals will seek ongoing professional development opportunities to develop specialized knowledge and understanding of the groups they serve. Addiction Professionals shall obtain the necessary knowledge and training to maintain humility and sensitivity when working with clients of diverse backgrounds.

IV-9 Advocacy

Addiction Professionals advocate for the needs of the diverse populations they serve.

IV-10 Recruitment

Addiction Professionals support and advocate for the recruitment and retention of Professionals and other Service Providers who represent diverse cultural groups.

IV-11 Linguistic Diversity

Addiction Professionals shall provide or advocate for the provision of professional services that meet the needs of clients with linguistic diversity. Addiction Professionals shall provide or advocate for the provision of professional services that meet the needs of clients with diverse disabilities.

IV-12 Needs Driven

Addiction Professionals shall recognize that conventional counseling styles may not meet the needs of all clients. Addiction Professionals shall open a dialogue with the client to determine the best manner in which to service the client. Addiction Professionals shall seek supervision and consultation when working with individuals with specific culturally-driven needs.

Principle V: Assessment, Evaluation, and Interpretation

V-1 Assessment

Addiction Professionals shall use assessments appropriately within the counseling process. The clients' personal and cultural contexts are taken into consideration when assessing and evaluating a client. Addiction Professionals shall develop and use appropriate mental health, substance use disorder, and other relevant assessments.

V-2 Validity - Reliability

Addiction Professionals shall utilize only those assessment instruments whose validity and reliability have been established for the population tested, and for which they have received adequate training in administration and interpretation. Counselors using technology-assisted test interpretations are trained in the constructs being measured and the specific instrument being used prior to using its technology-based application. Counselors take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

V-3 Validity

Addiction Professionals shall consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments. Addiction Professionals shall use data from several relevant assessment tools and/or instruments to form conclusions, diagnoses, and recommendations.

V-4 Explanation

Addiction Professionals shall explain to clients the nature and purposes of each assessment and the intended use of results, prior to administration of the assessment. Addiction Professionals shall offer this explanation in terms and language that the client or other legally authorized person can understand.

V-5 Administration

Addiction Professionals shall provide an appropriate environment free from distractions for the administration of assessments. Addiction Professionals shall ensure that technologically-administered assessments are functioning appropriately and providing accurate results.

V-6 Cultural Influences

Addiction Professionals recognize and understand that culture influences the manner in which clients' concerns are defined and experienced. Addiction Professionals are aware of historical traumas and social prejudices in the misdiagnosis and pathologizing of specific individuals and groups. Addiction Professionals shall develop awareness of prejudices and biases within self and others, and shall address such biases in themselves or others. Addiction Professionals shall consider the client's cultural experiences when diagnosing and treatment planning for mental health and substance use disorders.

V-7 Diagnosing

Addiction Professionals shall provide proper diagnosis of mental health and substance use disorders, within their scope and licensure. Assessment techniques used to determine client placement for care shall be carefully selected and appropriately used.

V-8 Results

Addiction Professionals shall consider the client's welfare, explicit understandings, and previous agreements in determining when and how to provide assessment results. Addiction Professionals shall include accurate and appropriate interpretations of data when there is a release of individual or group assessment results.

V-9 Misusing Results

Addiction Professionals shall not misuse assessment results and interpretations. Addiction Professionals shall respect the client's right to know the results, interpretations and diagnoses made and strive to provide results, interpretations, and diagnoses in a manner that is understandable and does not cause harm. Addiction Professionals shall adopt practices that prevent others from misusing the results and interpretations.

V-10 Not Normed

Addiction Professionals shall select and use, with caution, assessment tools and techniques normed on populations other than that of the client. Addiction Professionals shall seek supervision or consultation when using assessment tools that are not normed to the client's cultural identities.

V-11 Referral

Addiction Professionals shall provide specific and relevant data about the client, when referring a client to a third party for assessment, to ensure that appropriate assessment instruments are used.

V-12 Security

Addiction Professionals shall maintain the integrity and security of tests and assessment data, thereby addressing legal and contractual obligations. Addiction Professionals shall not appropriate, reproduce, or modify published assessments or parts thereof without written permission from the publisher.

V-13 Forensic

Addiction Professionals conducting an evaluation shall inform the client, verbally and in writing, that the current relationship is for the purposes of evaluation. The evaluation is not therapeutic. Entities or individuals who will receive the evaluation report are identified, prior to conducting the evaluation. Addiction Professionals performing forensic evaluations shall obtain written consent from those being evaluated or from their legal representative unless a court orders evaluations to be conducted without the written consent of the individuals being evaluated. Informed written consent shall be obtained from a parent or guardian prior to evaluation when the child or adult lacks the capacity to give voluntary consent.

V-14 Forensic

Addiction Professionals conducting forensic evaluations shall provide verifiable objective findings based on the data gathered during the assessment/evaluation process and review of records. Addiction Professionals form unbiased professional opinions based on the data gathered and analysis during the assessment processes.

V-15 Forensic

Addiction Professionals shall not evaluate, for forensic purposes, current or former clients, spouses or partners of current or former clients, or the clients' family members. Addiction Professionals shall not provide counseling to the individuals they are evaluating. Addiction Professionals shall avoid potentially harmful personal or professional relationships with the family members, romantic partners, and close friends of individuals they are evaluating.

Principle VI: E-Therapy, E-Supervision, and Social Media

VI-1 Definition

“E-Therapy” and “E-Supervision” shall refer to the provision of services by an Addiction Professional using technology, electronic devices, and HIPAA-compliant resources. Electronic platforms shall include and are not limited to: land-based and mobile communication devices, fax machines, webcams, computers, laptops and tablets. E-therapy and e-supervision shall include and are not limited to: tele-therapy, real-time video-based therapy and services, emails, texting, chatting, and cloud storage. Addiction Professionals and Clinical Supervisors are aware of the unique challenges created by electronic forms of communication and the use of available technology, and shall take steps to ensure that the provision of e-therapy and e-supervision is safe and as confidential as possible.

VI-2 Competency

Addiction Professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling. Competency shall be demonstrated through means such as specialized certifications and additional course work and/or trainings.

VI-3 Informed Consent

Addiction Professionals, who are offering an electronic platform for e-therapy, distance counseling/case management, or e-supervision shall provide an Electronic/Technology Informed Consent. The electronic Informed Consent shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Addiction Professionals have an obligation to review with the client/supervisee – in writing and verbally – the rights and responsibilities of both professional and client/supervisee. Addiction Professionals shall have the client/ supervisee attest to their understanding of the parameters covered by the Electronic/Technology Informed Consent.

VI-4 Informed Consent

A thorough e-therapy Informed Consent shall be executed at the start of services. A technology-based Informed Consent discussion shall include:

- counseling credentials, physical location of practice, and contact information;
- risks and benefits of engaging in the use of distance counseling, technology, and/or social media;
- possibility of technology failure and alternate methods of service delivery;
- anticipated response time;
- emergency procedures to follow;
- when the counselor is not available;
- time zone differences;

- cultural and/or language differences that may affect delivery of services; and
- possible denial of insurance benefits; and social media policy.

VI-5 Verification

Addiction Professionals who engage in the use of electronic platforms for the delivery of services shall take reasonable steps to verify the client's identity prior to engaging in the e-therapy relationship and throughout the therapeutic relationship. Verification can include, but is not limited to, picture ids, code words, numbers, graphics, or other nondescript identifiers.

VI-6 Licensing Laws

Addiction Professionals shall comply with relevant licensing laws in the jurisdiction where the Addiction Professional/Clinical Supervisor is physically located when providing care and where the client/supervisee is located when receiving care or supervision. Emergency management protocols are entirely dependent upon where the client/supervisee receives services. Addiction Professionals, during Informed Consent, shall notify their clients/supervisees of the legal rights and limitations governing the practice of counseling/supervision across state lines or international boundaries. Mandatory reporting and related ethical requirements such as duty to warn/notify are tied to the jurisdiction where the client/supervisee is receiving services or supervision.

VI-7 State & Federal Laws

Addiction Professionals utilizing technology, social media, and distance counseling within their practice recognize that they are subject to state and federal laws and regulations governing the counselor's practicing location. Addiction Professionals utilizing technology, social media, and distance counseling within their practice recognize that they shall be subject to laws and regulations in the client's/supervisee's state of residency and shall be subject to laws and regulations in the state where the client/supervisee is located during the actual delivery of services/e-supervision.

VI-8 Non-Secured

Addiction Professionals recognize that electronic means of communication are not secure, and shall inform clients, students, and supervisees that remote services using electronic means of delivery cannot be entirely secured or confidential. Addiction Professionals who provide services via electronic technology shall fully inform each client, student, or supervisee of the limitations and risks regarding confidentiality associated with electronic delivery, including the fact that electronic exchanges may become part of clinical, academic, or professional records. Efforts shall be made to ensure privacy so clinical discussions cannot be overheard by others outside of the room where the services are provided. Internet-based counseling shall be conducted on HIPAA-compliant servers. Therapy shall not occur using text-based or email-based delivery.

VI-9 Access

Addiction Professionals shall assess and document the client's/supervisee's ability to benefit from and engage in e-therapy services/e-supervision. Addiction Professionals shall consider the client's / supervisee's cognitive capacity and maturity, past and current diagnoses, communications skills, level of competence using technology, and access to the

necessary technology. Addiction Professionals shall consider geographical distance to the nearest emergency medical facility, efficacy of client's support system, current medical and behavioral health status, current or past difficulties with substance use, and history of violence or self-injurious behavior.

VI-10 Access

Addiction Professionals shall inform clients that other individuals (i.e., colleagues, supervisors, staff, consultants, information technologists) might have authorized or unauthorized access to such records or transmissions. Addiction Professionals use current encryption standards within their websites and for technology-based communications. Addiction Professionals take reasonable precautions to ensure the confidentiality of information transmitted and stored through any electronic means.

VI-11 Multidisciplinary Care

Addiction Professionals shall acknowledge and discuss with the client that optimal clinical management of clients may depend on coordination of care between a multidisciplinary care team. Addiction Professionals shall explain to clients that they may need to develop collaborative relationships with local community professionals, such as the client's local primary care provider and local emergency service providers, as this would be invaluable in case of emergencies.

VI-12 Local Resources

Addiction Professionals shall be familiar with local in-person mental health resources should the professional exercise clinical judgment to make a referral for additional substance disorders use, mental health, or other appropriate services.

VI-13 Boundaries

Addiction Professionals shall appreciate the necessity of maintaining a professional relationship with their clients/supervisees. Addiction Professionals shall discuss, establish and maintain professional therapeutic boundaries with clients/supervisees regarding the appropriate use and application of technology, and the limitations of its use within the counseling/supervisory relationship.

VI-14 Capability

Addiction Professionals shall take reasonable steps to determine whether the client/supervisee is physically, intellectually, emotionally, linguistically and functionally capable of using e-therapy platforms and whether e-therapy/e-supervision is appropriate for the needs of the client/supervisee. Addiction Professionals and clients/supervisees shall agree on the means of e-therapy/ e-supervision to be used and the steps to be taken in case of a technical failure. Addiction Professionals verify that clients/supervisees understand the purpose and operation of technology applications and follow up with clients/supervisees to correct potential concerns, discover appropriate use, and assess subsequent steps.

VI-15 Missing Cues

Addiction Professionals shall acknowledge the difference between face-to-face and electronic communication (nonverbal and verbal cues) and how these could influence the

counseling/supervision process. Addiction Professionals shall discuss with their client/supervisee how to prevent and address potential misunderstandings arising from the lack of visual cues and voice inflections when communicating electronically.

VI-16 Records

Addiction Professionals understand the inherent dangers of electronic health records. Addiction Professionals are responsible for ensuring that cloud storage sites in use are HIPAA compliant. Addiction Professionals inform clients/supervisees of the benefits and risks of maintaining records in a cloud-based file management system, and discuss the fact that nothing that is electronically saved on a Cloud is confidential and secure. Cloud-based file management shall be encrypted, secured, and HIPAA-compliant. Addiction Professionals shall use encryption programs when storing or transmitting client information to protect confidentiality.

VI-17 Records

Addiction Professionals shall maintain electronic records in accordance with relevant state and federal laws and statutes. Addiction Professionals shall inform clients how records will be maintained electronically and/or physically. This includes, but is not limited to, the type of encryption and security used to store the records and the length of time storage of records is maintained.

VI-18 Links

Addiction Professionals who provide e-therapy services and/or maintain a professional website shall provide electronic links to relevant licensure and certification boards and professional membership organizations to protect the client's/supervisee's rights and address ethical concerns.

VI-19 Friends

Addiction Professionals shall have no personal social media interactions or communications through personal email with their clients. When Addiction Professionals choose to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the professional and personal virtual presence.

VI-20 Social Media

Addiction Professionals shall clearly explain to their clients/supervisees, as part of Informed Consent, the benefits, inherent risks including lack of confidentiality, and necessary boundaries surrounding the use of social media. Addiction Professionals shall clearly explain their policies and procedures specific to the use of social media in a clinical relationship. Addiction Professionals shall respect the client's/supervisee's rights to privacy on social media and shall not investigate the client/supervisee without prior consent.

Principle VII: Supervision and Consultation

VII-1 Responsibility

Addiction Professionals who teach and provide clinical supervision accept the responsibility of enhancing professional development of students and supervisees by providing accurate and current information, timely feedback and evaluations, and constructive consultation.

VII-2 Training

Addiction Professionals shall complete training specific to clinical supervision prior to offering or providing clinical supervision to students or other professionals.

VII-3 Code of Ethics

Supervisors and supervisees, including interns and students, shall be responsible for knowing and following the BAPP Code of Ethics.

VII-4 Informed Consent

Informed Consent is an integral part of setting up a supervisory relationship. Supervisory Informed Consent shall include discussion regarding client privacy and confidentiality, etc. Terms of the supervisory relationship and fees shall be negotiated by supervisor and supervisee, and shall be documented in the supervisory contract.

VII-5 Informed Consent

Supervisees shall provide clients with a written professional disclosure statement. Supervisees shall inform clients about how the supervision process influences the limits of confidentiality. Supervisees shall inform clients about who shall have access to their clinical records, and when and how these records will be stored, transmitted, or otherwise reviewed.

VII-6 Informed Consent

Clinical Supervisors shall communicate to the supervisee, during supervision Informed Consent, procedures for handling client/clinical crises. Alternate procedures are also communicated and documented in the event the supervisee is unable to establish contact with the supervisor during a client/clinical crisis.

VII-7 Policies

Clinical Supervisors shall inform supervisees of policies and procedures to which supervisors shall adhere. Supervisors shall inform supervisees regarding the mechanisms for due process appeal of supervisor actions.

VII-8 Multiculturalism

Clinical Supervisors shall be cognizant of and address the role of multiculturalism in the supervisory relationship between supervisor and supervisee.

VII-9 Multiculturalism

Educators and site supervisors shall offer didactic learning content and experiential opportunities related to multiculturalism and cultural humility throughout their programs.

VII-10 Diversity

Educators and site supervisors shall make every attempt to recruit and retain a diverse faculty and staff. Educators and site supervisors shall make every attempt to recruit and retain a diverse student body, demonstrating their commitment to serve a diverse community. Educators and site supervisors shall recognize and value the diverse talents and abilities that students bring to their training experience.

VII-11 Diversity

Educators and site supervisors shall provide appropriate accommodations that meet the needs of their diverse student body and support well-being and academic performance.

VII-12 Boundaries

Clinical Supervisors shall intentionally develop respectful and relevant professional relationships and maintain appropriate boundaries with clinicians, students, interns, and supervisees, in all venues. Supervisors shall strive for accuracy and honesty in their assessments of students, interns, and supervisees.

VII-13 Boundaries

Clinical Supervisors clearly define and maintain ethical, professional, personal, and social boundaries with their supervisees. Supervisors shall not enter into a romantic/sexual/nonprofessional relationship with current supervisees, whether in-person and/or electronically.

VII-14 Confidentiality

Clinical Supervisors shall not disclose confidential information when teaching or supervising, without the expressed written consent of a client, and only when appropriate steps have been taken to protect the client's identity and confidentiality.

VII-15 Monitor

Clinical Supervisors shall monitor the services provided by supervisees. Supervisors shall monitor client welfare. Supervisors shall monitor supervisee performance and professional development. Supervisors shall empower and support supervisees as they prepare to serve a diverse client population. Supervisors shall have an ethical and moral responsibility to understand, adhere to, and promote the BAPP Code of Ethics.

VII-16 Treatment

Educators and site supervisors shall assume the primary obligation of assisting students to acquire ethics, knowledge, and skills necessary to treat substance use and addictive behavioral disorders.

VII-17 Impairment

Supervisees, including interns and students, shall monitor themselves for signs of physical, psychological, and/or emotional impairment. Supervisees, including interns and students, shall seek supervision and refrain from providing professional services while impaired. Supervisees, interns and students shall notify their institutional program of the impairment and shall seek appropriate guidance and assistance.

VII-18 Clients

Supervisees, interns and students, shall disclose to clients their status as supervisee, intern, and student, and shall provide an explanation as to how their status affects the limits of confidentiality. Supervisees, interns and students shall disclose to clients contact information for the Clinical Supervisor. Informed Consent is obtained in writing, and includes the client's right to refuse to be treated by a person-in-training.

VII-19 Disclosures

Supervisees, interns and students shall seek and document clinical supervision prior to disclosing personal information to a client.

VII-20 Observations

Clinical Supervisors shall provide and document regular supervision sessions with the supervisee. Supervisors shall regularly observe the supervisee in session using live observations or audio or video tapes. Supervisors shall provide ongoing feedback regarding the supervisee's performance with clients and within the agency. Supervisors shall regularly schedule sessions to formally evaluate and direct the supervisee.

VII-21 Gatekeepers

Clinical Supervisors are aware of their responsibilities as gatekeepers. Through ongoing evaluation, Supervisors shall track supervisee limitations that might impede performance. Supervisors shall assist supervisees in securing timely corrective assistance as needed, including referral of supervisee to therapy when needed. Supervisors may recommend corrective action or dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when a supervisee is unable to demonstrate that they can provide competent professional services. Supervisors shall seek supervision-of-supervision and/or consultation and document their decisions to dismiss or refer supervisees for assistance.

VII-22 Education

Educators and site supervisors shall ensure that their educational and training programs are designed to provide appropriate knowledge and experiences related to addictions that meet the requirements for degrees, licensure, certification, and other program goals.

VII-23 Education

Educators and site supervisors shall provide education and training in an ethical manner, adhering to the BAPP Code of Ethics, regardless of the platform (traditional, hybrid, and/or online). Educators and site supervisors shall serve as professional role models demonstrating appropriate behaviors.

VII-24 Current

Educators and site supervisors shall ensure that program content and instruction are based on the most current knowledge and information available in the profession. Educators and site supervisors shall promote the use of modalities and techniques that have an empirical or scientific foundation.

VII-25 Evaluation

Educators and site supervisors shall ensure that students' performances are evaluated in a fair and respectful manner and on the basis of clearly stated criteria.

VII-26 Dual Relationships

Educators and site supervisors shall avoid dual relationships and/or nonacademic relationships with students, interns, and supervisees.

VII-27 Dual Relationships

Clinical Supervisors shall not actively supervise relatives, romantic or sexual partners, nor personal friends, nor develop romantic, sexual, or personal relationships with students, interns, or supervisees. Consultation with a third party will be obtained prior to engaging in a dual supervisory relationship.

VII-28 E-supervision

Clinical Supervisors, using technology in supervision (e-supervision), shall be competent in the use of specific technologies. Supervisors shall dialogue with the supervisee about the risks and benefits of using e-supervision. Supervisors shall determine how to utilize specific protections (i.e., encryption) necessary for protecting the confidentiality of information transmitted through any electronic means. Supervisors and supervisees shall recognize that confidentiality is not guaranteed when using technology as a communication and delivery platform.

VII-29 Harassment

Clinical Supervisors shall not condone or participate in sexual harassment or exploitation of current or previous supervisees.

VII-30 Distance

Issues unique to the use of distance supervision shall be included in the documentation as necessary.

VII-31 Termination

Policies and procedures for terminating a supervisory relationship shall be disclosed in the supervision Informed Consent.

VII-32 Counseling

Clinical Supervisors shall not provide counseling services to supervisees. Supervisors shall assist supervisee by providing referrals to appropriate services upon request.

VII-33 Endorsement

Clinical Supervisors shall recommend supervisees for completion of an academic or training program, employment, certification and/or licensure when the supervisee demonstrates qualification for such endorsement. Clinical Supervisors shall not endorse supervisees believed to be impaired. Clinical Supervisors shall not endorse supervisees who were unable to provide appropriate clinical services.

Principle VIII: Resolving Ethical Concerns

VIII-1 Code of Ethics

Addiction Professionals shall adhere to and uphold the BAPP Code of Ethics, and shall be knowledgeable regarding established policies and procedures for handling concerns related to unethical behavior, at both the state and national levels. Addiction Professionals strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek supervision and/or consultation when necessary. Addiction Professionals incorporate ethical practice into their daily professional work. Addiction Professionals engage in ongoing professional development regarding ethical and legal issues in counseling. Addiction Professionals are professionals who act ethically and legally. Addiction Professionals are aware that client welfare and trust depend on a high level of professional conduct. Addiction Professionals hold other professionals to the same ethical and legal standards and are willing to take appropriate action to ensure that these standards are upheld.

VIII-2 Understanding

Addiction Professionals shall understand and endorse the BAPP Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

VIII-3 Decision Making Model

Addiction Professionals shall utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma. A viable ethical decision-making model shall include but is not limited to: (a) supervision and/or consultation regarding the concern; (b) consideration of relevant ethical standards, principles, and laws; (c) generation of potential courses of action; (d) deliberation of risks and benefits of each potential course of action; (e) selection of an objective decision based on the circumstances and welfare of all involved; and (f) reflection, and re-direction if necessary, after implementing the decision.

VIII-4 Jurisdiction

The BAPP shall have jurisdiction over all complaints filed against any person holding or applying for trainee recognition, certification, or licensure.

VIII-5 Investigations

The BAPP shall have authority to conduct investigations, issue rulings, and invoke disciplinary action in any instance of alleged misconduct by an addiction professional.

VIII-6 Participation

Addiction Professionals shall be required to cooperate with the implementation of the BAPP Code of Ethics, and to participate in, and abide by, any disciplinary actions and rulings based on the Code. Failure to participate or cooperate is a violation of the BAPP Code of Ethics.

VIII-7 Cooperation

Addiction Professionals shall assist in the process of enforcing the BAPP Code of Ethics. Addiction Professionals shall cooperate with investigations, proceedings, and requirements of the BAPP, ethics committees of other professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation.

VIII-8 Agency Conflict

Addiction Professionals shall seek and document supervision and/or consultation in the event that ethical responsibilities conflict with agency policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority. Supervision and/or consultation shall be used to determine the next best steps.

VIII-9 Crossroads

Addiction Professionals may find themselves at a crossroads when the demands of an organization where the Professional is affiliated poses a conflict with the BAPP Code of Ethics. Addiction Professionals shall determine the nature of the conflict and shall discuss the conflict with their supervisor or other relevant person at the organization in question, expressing their commitment to the BAPP Code of Ethics. Addiction Professionals shall attempt to work through the appropriate channels to address the concern.

VIII-10 Violations without Harm

When there is evidence to suggest that another professional is violating or has violated an ethical standard and harm has not occurred, Addiction Professionals shall attempt to first resolve the issue informally with the other professional if feasible, provided such action does not violate confidentiality rights that may be involved.

VIII-11 Violations with Harm

Addiction Professionals shall report unethical conduct or unprofessional modes of practice - leading to harm - which they become aware of to the appropriate certifying or licensing authorities, state or federal regulatory bodies, and/or BAPP. Addiction Professionals shall seek supervision/consultation prior to the report. Addiction Professionals shall document supervision/consultation and the report if made.

VIII-12 Non-Respondent

The BAPP, Hearing Panels, Board of Directors, Committees, Officers, or Staff shall not be named as a respondent under these policies and procedures as a result of any decision, action, or exercise of discretion arising directly from their conduct or involvement in carrying out adjudication responsibilities.

VIII-13 Consultation

Addiction Professionals shall seek consultation and direction from supervisors, consultants or the BAPP when uncertain about whether a particular situation or course of action may be in violation of the BAPP Code of Ethics. Addiction Professionals consult with persons who are knowledgeable about ethics, the BAPP Code of Ethics, and legal requirements specific to the situation.

VIII-14 Retaliation

Addiction Professionals shall not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person. Addiction Professionals shall not intentionally disregard or ignore the facts of the situation.

Principle IX: Research and Publication

IX-1 Research

Research and publication shall be encouraged as a means to contribute to the knowledge base and skills within the addictions and behavioral health professions. Research shall be encouraged to contribute to the evidence-based and outcome-driven practices that guide the profession. Research and publication provide an understanding of what practices lead to health, wellness, and functionality. Researchers and Addiction Professionals make every effort to be inclusive by minimizing bias and respecting diversity when designing, executing, analyzing, and publishing their research.

IX-2 Participation

Addiction Professionals support the efforts of researchers by participating in research whenever possible.

IX-3 Consistent

Researchers plan, design, conduct, and report research in a manner that is consistent with relevant ethical principles, federal and state laws, internal review board expectations, institutional regulations, and scientific standards governing research.

IX-4 Confidentiality

Researchers are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices. Information obtained about participants during the course of research is confidential.

IX-5 Independent

Researchers, who are conducting independent research without governance by an institutional review board, are bound to the same ethical principles and federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research.

IX-6 Protect

Researchers shall seek supervision and/or consultation and observe necessary safeguards to protect the rights of research participants, especially when the research plan, design and implementation deviates from standard or acceptable practices.

IX-7 Welfare

Researchers who conduct research are responsible for their participants' welfare. Researchers shall exercise reasonable precautions throughout the study to avoid causing physical, intellectual, emotional, or social harm to participants. Researchers take reasonable measures to honor all commitments made to research participants.

IX-8 Informed Consent

Researchers shall defer to an Institutional Review Board or Human Subjects Committee to ensure that Informed Consent is obtained, research protocols are followed, participants are free of coercion, confidentiality is maintained, and deceptive practices are avoided, except when deception is essential to research protocol and approved by the Board or Committee.

IX-9 Accurate

Researchers shall commit to the highest standards of scholarship, and shall present accurate information, disclose potential conflicts of interest, and make every effort to prevent the distortion or misuse of their clinical and research findings.

IX-10 Students

Researchers shall disclose to students, interns, and/or supervisee who wish to participate in their research activities that participation in the research will not affect their academic standing or supervisory relationship.

IX-11 Clients

Researchers may conduct research involving clients. Researchers shall provide an Informed Consent process allowing clients to freely, without intimidation or coercion, choose whether to participate in the research activities. Researchers shall take necessary precautions to protect clients from adverse consequences if they choose to decline or withdraw from participation.

IX-12 Consents

Researchers shall provide appropriate explanations regarding the research and obtain applicable consents from a guardian or legally authorized representative prior to working with a research participant who is not capable of giving Informed Consent.

IX-13 Explanation

Once data collection is completed, Researchers shall provide participants with a full explanation regarding the nature of the research in order to remove any misconceptions participants might have regarding the study. Researchers shall engage in reasonable actions to avoid causing harm. Scientific or human values may justify delaying or withholding information. Researchers shall seek and document supervision and/or consultation prior to delaying or withholding information from a participant.

IX-14 Outcomes

Upon completion of data collection and analysis, Researchers shall inform sponsors, institutions, and publication entities regarding the research procedures and outcomes. Researchers shall ensure that the appropriate entities are given pertinent information and acknowledgment.

IX-15 Transfer Plan

Researchers shall create a written, accessible plan for the transfer of research data to an identified colleague in the event of their incapacitation, retirement, or death.

IX-16 Diversity

Researchers shall report research findings accurately and without distortion, manipulation, or misrepresentation of data. Researchers shall describe the extent to which results are applicable to diverse populations.

IX-17 Verification

Researchers shall not withhold data, from which their research conclusions were drawn, from competent professionals seeking to verify substantive claims through reanalysis. Researchers are obligated to make available sufficient original research information to qualified professionals who wish to replicate or extend the study.

IX-18 Data Availability

Researchers, who supply data, aid in research by another researcher, report research results, or make original data available, shall intentionally disguise the identity of participants in the absence of written authorization from the participants allowing release of their identity.

IX-19 Errors

Researchers shall take reasonable steps to correct significant errors found in their published research, using a correction erratum or through other appropriate publication avenues.

IX-20 Publication

Addiction Professionals who author books, journal articles, or other materials which are published or distributed shall not plagiarize or fail to cite persons for whom credit for original ideas or work is due. Addiction Professionals shall acknowledge and give recognition, in presentations and publications, to previous work on the topic by self and others.

IX-21 Theft

Addiction Professionals shall regard as theft the use of copyrighted materials without permission from the author or payment of royalties.

IX-22 E-publishing

Addiction Professionals shall recognize that entering data on the internet, social media sites, or professional media sites constitutes publishing.

IX-23 Advertising

Addiction Professionals who author books or other materials distributed by an agency or organization shall take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

IX-24 Credit

Addiction Professionals shall assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

IX-25 Student Material

Addiction Professionals shall seek a student's permission and list the student as lead author on manuscripts or professional presentations, in any medium, that are substantially based on a student's course papers, projects, dissertations, or thesis. The student reserves the right to withhold permission.

IX-26 Submissions

Addiction Professionals and Researchers shall submit manuscripts for consideration to one journal or publication at a time. Addiction Professionals and researchers shall obtain permission from the original publisher prior to submitting manuscripts that are published in whole or in substantial part in one journal or published work to another publisher.

IX-27 Proprietary

Addiction Professionals who review material submitted for publication, research, or other scholarly purposes shall respect the confidentiality and proprietary rights of those who submitted it. Addiction Professionals who serve as reviewers shall make every effort to only review materials that are within their scope of competency and to review materials without professional or personal bias.

APPENDIX F – PREVENTION CODE OF ETHICS AND STANDARDS OF PRACTICE

PROFESSIONAL CODE OF ETHICAL CONDUCT FOR PREVENTION SPECIALISTS

The practice of alcohol, tobacco, and other drug prevention is based on shared knowledge, skills, and values. The following ethical standards shall govern the professional's daily involvement in prevention activities and emphasize the professional concern for the rights and interests of the consumer/client:

RESPONSIBILITIES

Prevention Specialists have a responsibility to maintain objectivity, integrity, and the highest standards in delivering prevention services. Prevention Specialists shall:

- Operate at the highest level of honesty and professionalism and will strive to deliver high quality services, holding the best interest of the public first.
- Recognize their primary obligation to promote the health and well-being of individuals, families, and communities in order to prevent chemical abuse and dependency.
- Recognize their personal competence and not operate beyond their skill or training level and be willing to refer to another individual or program when appropriate.
- Be committed to upgrading their knowledge and skills through ongoing education and training.
- Understand and appreciate different cultures and demonstrate sensitivity to cultural differences in professional practices.

NON-DISCRIMINATION

The Prevention Specialist shall not discriminate against individuals, the public, or others in the delivery of services on the basis of race, color, gender, religion, national origin, ancestry, age or against persons with disabilities.

Prevention Specialists shall not engage in any behavior involving professional conduct that encourages, condones, or promotes discrimination; and, will strive to protect the rights of individuals.

ADHERENCE TO STATE AND FEDERAL LAWS AND RULES

Prevention Specialists shall protect client rights and insure confidentiality by adhering to all state and federal laws and rules. Prevention Specialists:

- Will not participate in or condone any illegal activity, including the use of illegal chemicals, or the possession, sale or distribution of illegal chemicals.
- Shall not participate in, condone, or be an accessory to dishonesty, fraud, deceit, or misrepresentation.
- Will adhere to mandatory reporting procedures related to abuse, neglect, or misconduct by individuals and/or agencies in accordance with state and federal laws and regulations.
- Shall assume responsibility to report the incompetent and unethical practices of other professionals.

PERSONAL CONDUCT AND PROFESSIONAL COMPETENCY:

Prevention Specialists shall have a responsibility to model and promote a healthy life style and well-being by low risk or no use of alcohol, tobacco, and/or other mood-altering chemicals. In addition, Prevention Specialists have a responsibility to maintain sound, mental health to prevent the impairment of professional judgment and performance. Prevention Specialists:

- Will not exhibit gross incompetence, unprofessional, or dishonorable conduct or any other act that would be a substantial deviation from the standards ordinarily possessed by professional peers.
- Shall not fail to recognize the personal boundaries and limitations of their professional competence and practice by offering services beyond the scope of their personal competencies or expertise.
- Will utilize resources for support, growth, and professional development.
- Will strive to maintain and promote the integrity of certification within the State of South Dakota, nationally and internationally, and the advancement of the Prevention Specialist Profession.

PUBLIC WELFARE

Prevention Specialists will maintain an objective, non-possessive relationship with those they serve and not exploit them sexually, financially, or emotionally. Prevention Specialists:

- Will actively discourage any dependency upon themselves for the personal satisfaction of any physical, psychological, emotional, or spiritual need.
- Shall accurately represent their qualifications and affiliations.
- Shall discontinue services when they are no longer appropriate and will refer the public to programs or individuals with the client's welfare as the primary consideration.
- Shall not impede an individual's access to competent, professional care.
- Will respect the rights and views of other professionals and agencies and should treat colleagues with respect, courtesy, and fairness.
- Will not promote personal gain or the profit of an agency or commercial enterprise of any kind.
- Will adhere to professional remuneration and financial arrangement practices and standards that safeguard the best interests of the public and profession.

PROFESSIONAL PUBLICATIONS AND PUBLIC STATEMENTS

Prevention Specialists will respect the limits of present knowledge and shall assign credit to all who have contributed to published materials, professional papers, videos/films, pamphlets, or books. Prevention Specialists will:

- Act to preserve the integrity of the profession by acknowledging and documenting any materials, techniques, or people used in creating their opinions, papers, books, etc.
- Adhere to copyright laws and seek approval for the use of such materials.

PUBLIC POLICY TO MAINTAIN AND IMPROVE ALCOHOL, TOBACCO AND OTHER DRUGS CONTINUUM OF CARE

Prevention Specialists will take the initiative to support, promote, and improve the delivery of high quality services in the professional continuum of care (prevention, intervention, treatment, and aftercare). Prevention Specialists:

- Shall advocate for changes in public policy and legislation to afford opportunities and choices for all persons whose lives are impaired or impacted by the disease of alcoholism, tobacco use, and other drug abuse and addictions, promoting the well-being of all human beings.
- Will actively participate in the public awareness of the effects of tobacco, alcoholism, and other drug addictions and should act to ensure all persons, especially the disadvantaged, have access to the necessary resources and services.